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HERTFORDSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF



County

Medical

Officer

1963

79606



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COUNTY HALL,

HERTFORD.

August, 1964

To the Chairman and Members of the Health Committee.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the health of Hertfordshire for the year 1963.

A brief appraisal of the statistics will show that, in comparison with the national picture, Hertfordshire is more favoured, having an infant mortality rate and a death rate below the national average. The infant mortality rate, which is regarded as an index of the efficiency of the maternity services, is a matter for satisfaction—especially when regard is taken of the increase in total births during the year, coupled with the general shortage of trained midwives and hospital beds. The extreme wintry conditions earlier in the year severely tested the field staff, and I would like to pay tribute to them for undertaking what at times appeared to be the impossible in reaching families who needed their help.

It will be obvious also, from the statistical data quoted in the report, that the total population is continuing to increase at a steady rate; and this, in addition to the fact that new services are being developed, is creating problems which are not easily resolved. The rate and extent of development of health services are dependent on the availability of trained staff; and, where nationally negotiated scales of pay arise, there is little incentive for personnel to move into areas where housing costs are relatively high. Too much reliance on recruitment of trained personnel from outside the County would be unrealistic, and schemes of training for medical officers, nurses, health visitors, staffs of Junior Training Centres, and mental health social workers have been adopted.

At the same time, a reappraisal of the value and efficacy of some of the services provided by the local authority is necessary to ensure that the skills of experts are being utilized wisely and are not being dissipated on duties which could be undertaken just as easily by less qualified persons.

In an attempt to organize research within the department and, in addition, to provide the staff with a more stimulating atmosphere in which to work, plans were made to create a research panel amongst the medical staff with a full-time statistician to guide them. Approval was given to this latter appointment to take effect in 1964, and, at the time of writing this report, an appointment has been made and the first meeting of the panel has been held.

In this context, the need for close co-ordination of hospital, general practitioner and local health authority services is important, and a number of schemes were prepared or introduced during the year in an attempt to facilitate this. In consultation with the Local Medical Committee, a scheme of instruction to trainees and assistants in general practice on the availability and use of local authority services was prepared, and it is hoped to introduce this in 1964. This will involve interested young family doctors in a series of visits to not only the Health Department but also the Welfare and Children's Departments in order to give them a picture of the work undertaken by the various officers within the community and in particular with their patients.

Similarly, schemes of attachment of health visitors and nurses to group practices are being pursued at an increasing pace.

In the field of child development, a small panel representing the paediatricians from the various hospitals in the County was set up in order to give them

the opportunity of discussing in general terms the scope and extent of development of the local authority's child welfare services and to relate these developments with current thought on child health and disease. In order to avoid the risk of reducing these meetings to discussion on detail, it is intended that the panel should meet at least annually to review the work carried out during the year and to comment on suggested lines of development.

Whilst the efficiency of the local health authority's services is in the main dependent on both the quality and numbers of trained field staff, it is perhaps an understatement to refer to organization and administration as playing a not unimportant role. In view of the continued growth of the County, consideration was given to the need to decentralize some of the administration to local or divisional level, but no action was taken to put this into effect during the year in view of the consideration given by the Health and Welfare Committees to the formation of a joint Health and Welfare Committee and a merger of the two departments. More will be said of this in next year's report, but a merger has now been agreed and the principle of decentralization of the day-to-day administration of the health services accepted.

In conclusion, I would like to express my appreciation of the various kindnesses shown to me by members and staff of the local authority. This is a report of the work of others and, although it would be foolish to pretend that we are keeping apace with all that has been planned, I am acutely aware of the pressure under which some sections of the department are working.

I am particularly grateful to Dr. Stewart and to Mr. Treharne whose responsibility it has been to collate and edit the material for this report.

I am, Ladies and Gentlemen,

Your obedient servant,

G. W. KNIGHT,

County Medical Officer.

CHAIRMAN OF THE HEALTH COMMITTEE.

Alderman Mrs. I. D. Paterson, J.P.

SALARIED STAFF. " AS AT 31ST DECEMBER, 1963.

County Medical Officer.

G. W. Knight, M.D., D.P.H.

Deputy County Medical Officer.

W. Stewart, M.B., Ch.B., D.P.H.

Senior Medical Officers.

I. G. Yule, M.B., Ch.B., D.C.H., D.P.H.

K. W. M. Harbord, B.A., M.B., B.Ch., B.A.O., D.P.H.

Principal Dental Officer.

A. H. Millett, L.D.S., R.C.S.

Consultant Psychiatrist (part-time).

Alfred Torrie, M.A., M.B., Ch.B., D.P.M.

Divisional Medical Officers.

(See also page 7.)

Dacorum.

R. S. Hynd, M.B., Ch.B., D.P.H., Churchill, Park Road, Hemel Hempstead.

North Herts.

V. R. Walker, B.Sc., M.B., Ch.B., D.P.H., Bedford Road, Hitchin.

St. Albans.

G. Cust, M.B., Ch.B., D.P.H., 15 Hatfield Road, St. Albans.

South-West Herts.

W. Alcock, M.B., Ch.B., B.Hy., D.P.H., Town Hall, Watford.

Welwyn.

G. R. Taylor, M.B., B.S., D.P.H., "Gooseacre," Cole Green Lane, Welwyn Garden City.

South Herts Division
East Herts Division

} No Divisional Scheme in force.

Assistant County Medical Officers.

F. Barasi, M.R.C.S., L.R.C.P., D.P.H.

D. M. Batty, M.B., Ch.B.

N. M. Burgess, M.B., Ch.B.

E. G. Davie, L.R.C.P., L.R.C.S., L.R.F.P. & S., C.P.H.

P. T. Horder, M.B., B.S.

E. C. Howarth, M.B., B.S., D.P.H.

L. S. Karpati, M.D. (Graz).

B. W. M. Macartney, B.A., B.M., B.Ch., D.C.H., D.R.C.O.G.

N. MacRae, M.B., Ch.B., D.P.H.

D. J. Marsden, M.B., Ch.B., D.C.H.

B. S. M. Marshall, M.B., Ch.B.

P. L. Martin, M.B., B.S., D.R.C.O.G., D.P.H.

S. J. Moynihan, M.R.C.S., L.R.C.P.

J. B. Nunneley, M.B., B.S.

M. O'Donovan, M.B., B.Ch., B.A.O.

P. B. M. O'Reilly, M.R.C.S., L.R.C.P., D.P.H.

M. I. Outram, M.B., Ch.B., D.P.H.

J. M. Ponsford, L.R.C.P. & S., D.R.C.O.G., D.P.H.

J. Poole, M.B., Ch.B., D.C.H.

A. T. Roden, M.B., B.S.

E. R. Rue, M.B., B.S., D.C.H.

J. A. M. M. Stevenson, M.R.C.S., L.R.C.P., D.P.H.

E. E. Walton, M.B., B.S.

M. E. Watkins, M.B., B.S.

A. Wilkes, M.B., B.S., D.P.H.

A. H. Wright, M.B., Ch.B.

There are in addition 28 doctors working on a sessional basis.

Chest Physicians (Part-time).

T. A. W. Edwards, B.A., M.B., B.Ch., M.R.C.P.
 A. G. Hounslow, M.D.
 E. Rhys Jones, M.B., B.Sc., M.R.C.P.
 V. U. Lutwyche, M.A., M.D., M.R.C.P., D.C.H.
 N. MacDonald, M.B., Ch.B., F.R.C.P.
 A. Pines, M.A., M.D., M.R.C.P.
 J. C. Roberts, M.D., M.R.C.P.
 P. W. Roe, B.A., B.M., B.Ch.

County Nursing Officer and Day Nurseries Supervisor.

V. M. King, S.R.N., S.C.M., H.V., Q.N.

Deputy County Nursing Officer and Divisional Nursing Officer for South Herts.

M. A. McClements, S.R.N., S.C.M., H.V., Q.N.

Divisional Nursing Officers.

<i>Dacorum</i>	.	D. Carter, S.R.N., S.C.M., H.V., Q.N.
<i>East Herts</i>	.	B. Brewer, S.R.N., S.C.M., H.V., Q.N.
<i>North Herts</i>	.	S. H. Kestin, S.R.N., S.C.M., H.V., Q.N.
<i>St. Albans</i>	.	B. C. Thornton, S.R.N., S.C.M., H.V., Q.N.
<i>S.W. Herts</i>	.	A. Featherstone, S.R.N., S.C.M., R.F.N., H.V., Q.N.
<i>Welwyn</i>	.	D. A. Reay, S.R.N., S.C.M., H.V., Q.N.

County Health Inspector.

J. L. Stringer, M.R.S.H., M.A.P.H.I.

Health Education Officer.

G. A. Schadek, S.R.N., S.C.M., H.V., Q.N.
 Diploma in Health Education, London University.

Home Help Organizer.

C. M. Webb.

Senior Authorized Officer.

W. H. Finch

Psychotherapist (part-time).

M. Gurney.

Senior Psychiatric Social Worker.

E. L. Thomas, A.A.P.S.W.

Occupational Therapist (Mental Health).

E. R. Brown, D.A.O.T.

Chiropodist.

M. M. Williams, M.Ch.S.

Senior Administrative Officer.

W. A. Treharne, A.C.I.S.

MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS OF COUNTY DISTRICTS.

(As at 31.12.1963.)

<i>Division.</i>	<i>District M.O.H.</i>	<i>County District.</i>	<i>Public Health Inspector.</i>
East Herts	Dr. I. G. Yule (Senior M.O.)	Bishop's Stortford U.D.	Mr. A. L. Good
	*Dr. C. R. Hillis (tem- porary).	Cheshunt U.D. . . .	Mr. C. Wilson
	Dr. G. M. Frizelle	Hertford B. . . .	Mr. B. Peck
		Hoddesdon U.D. . . .	Mr. W. N. David
		Sawbridgeworth U.D. . .	Mr. C. A. Ford
		Ware U.D. . . .	Mr. C. J. Lucas
		Braughing R.D. . . .	Mr. E. E. Wateridge
		Ware R.D. . . .	Mr. A. D. G. Goold
North Herts .	*Dr. J. E. Crawley	Hertford R.D. . . .	Mr. H. E. Gilby
		Baldock U.D. . . .	Mr. B. G. Willis
		Hitchin U.D. . . .	Mr. N. Holt
		Letchworth U.D. . . .	Mr. A. Jump
		Royston U.D. . . .	Mr. S. M. Jackson
		Stevenage U.D. . . .	Mr. R. V. Lamey
		Hitchin R.D. . . .	Mr. W. M. Matthews
St. Albans	Dr. V. R. Walker (Divi- sional County M.O.)	City of St. Albans . . .	Mr. R. E. C. Goddard
		Harpenden U.D. . . .	Mr. J. Snowden
		St. Albans R.D. . . .	Mr. D. J. Graham
		Elstree R.D. . . .	Mr. G. Male
South Herts	*Dr. G. W. Everett (tem- porary).		
South-West Herts.	Dr. A. L. Hyatt (tem- porary).	Barnet U.D. . . .	Mr. J. B. Wilson
South-West Herts.	*Dr. C. M. Scott (tem- porary).	East Barnet U.D. . . .	Mr. W. K. Pickup
South-West Herts.	Dr. W. Alcock (Divisional County M.O.)	Watford B. . . .	Mr. K. H. Marsden
South-West Herts.	Dr. W. Norman-Taylor	Bushey U.D. . . .	Mr. A. C. F. Gisborne
		Chorleywood U.D. . . .	Mr. W. E. Hands
		Rickmansworth U.D. . .	Mr. C. R. Alexander
		Watford R.D. . . .	Mr. S. N. Grigg
Welwyn	Dr. G. R. Taylor (Divi- sional County M.O.)	Welwyn Garden City U.D.	Mr. M. Stockdale
		Hatfield R.D. . . .	Mr. C. A. Bailey
		Welwyn R.D. . . .	Mr. P. B. Hawley
Dacorum	Dr. R. S. Hynd (Divi- sional County M.O.)	Hemel Hempstead B. . .	Mr. A. C. Horne
		Berkhamsted U.D. . . .	Mr. R. C. Sweet
		Tring U.D. . . .	Mr. T. William Jones
		Berkhamsted R.D. . . .	Mr. C. Laidman
		Hemel Hempstead R.D. .	Mr. R. H. T. Chappell

* Also holds appointment as part-time A.C.M.O.

Except where indicated, the officers named here serve County District Councils and are not on the staff of the County Council. This list is included in the Report for the information of those interested in the staffing of the Health Services in the County as a whole.

ANNUAL REPORT, 1963.

VITAL STATISTICS FOR THE COUNTY OF HERTFORD.

TABLE 1.
POPULATION AND ACREAGE.

	Acreage (land and water)	Population at Mid Year			
		Estimate 1960	Estimate 1961	Estimate 1962	Estimate 1963
Boroughs	21,496	190,430	196,830	200,930	204,030
Urban Districts	71,979	373,210	391,520	403,570	414,220
Rural Districts	311,050	242,400	248,610	252,700	255,620
County	404,525	806,040	836,960	857,200	873,870
England and Wales	37,339,215	47,022,700			

TABLE 2.
STATISTICAL SUMMARY.

Live births :	
Number	16,011
Rate per 1,000 population	18·32
Illegitimate live births (per cent of total live births)	4·85
Stillbirths :	
Number	254
Rate per 1,000 total live and still births	15·62
Total live and still births	16,265
Infant deaths (deaths under one year)	241
Infant mortality rates :	
Total infant deaths per 1,000 total live births	15·05
Legitimate infant deaths per 1,000 legitimate live births	14·9
Illegitimate infant deaths per 1,000 illegitimate live births	16·61
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	10·05
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	8·87
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	24·35
Maternal mortality (including abortion) :	
Number of deaths	6
Rate per 1,000 total live and still births	·37
Epidemic death rate per 1,000 population	·02
Tuberculosis death rate per 1,000 population	·04
Cancer death rate per 1,000 population	1·78
Heart disease death rate per 1,000 population	2·99

This summary of the principal vital statistics is prepared from data supplied by the Registrar-General.

The crude death rate of 9·67 compares very favourably with the national rate of 12·2. This figure does not take into account the high proportion of young people in the population of Hertfordshire but even when the balancing factor produced by the Registrar-General to offset this weighting is taken into account the resultant figure of 10·93 is substantially below the national rate.

The crude birth rate of 18·32 is slightly above the national rate of 18·2 but it is slightly surprising that when the balancing factor is taken into account the rate is 17·40—considerably below the national rate.

	Crude rate	Rate by balancing factor	National rate
Death rate	9·67	10·93	12·2
Birth rate	18·32	17·40	18·2

TABLE 3.—DEATH RATE.
(per 1,000 population)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1944-53 (average for ten years).									
1954 .	1,667	11.0	2,760	10.1	1,607	9.7	6,034	10.2	11.6
1955 .	1,663	10.0	2,737	9.1	2,202	11.5	6,602	9.8	11.3
1956 .	1,752	10.4	2,990	9.6	2,347	10.8	7,089	10.3	11.7
1957 .	1,768	10.2	2,998	9.3	2,523	11.1	7,289	10.2	11.7
1958 .	1,741	9.7	3,033	9.1	2,355	11.5	7,129	9.6	11.5
1959 .	1,851	10.1	3,129	9.0	2,365	10.2	7,345	9.7	11.7
1960 .	1,924	10.3	3,212	8.9	2,367	10.0	7,503	9.6	11.6
1961 .	1,843	9.6	3,302	8.8	2,333	9.6	7,478	9.3	11.5
1962 .	2,004	10.2	3,487	9.0	2,428	9.8	7,919	9.5	12.0
1963 .	2,000	9.9	3,631	9.0	2,576	10.2	8,207	9.6	11.9
1963 .	2,082	10.2	3,753	9.0	2,618	10.2	8,453	9.6	12.2

TABLE 4.—HEART DISEASE DEATH RATE.
(per 1,000 population.)

Year	Hertfordshire							
	Boroughs		Urbans		Rurals		County	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1944-53 (average for ten years) .	520	3.4	772	2.8	491	3.0	1,783	3.0
1954 . .	530	3.2	846	2.8	704	3.5	2,080	3.1
1955 . .	585	3.5	957	3.1	817	3.9	2,359	3.3
1956 . .	573	3.3	937	3.0	823	3.8	2,333	3.2
1957 . .	533	3.0	947	2.8	798	3.5	2,278	3.1
1958 . .	591	3.2	986	2.8	734	3.2	2,311	3.0
1959 . .	546	2.9	995	2.8	741	3.1	2,282	2.9
1960 . .	559	2.9	1,085	2.9	737	3.0	2,384	2.9
1961 . .	596	3.0	1,050	2.7	749	3.0	2,395	2.9
1962 . .	601	3.0	1,158	2.9	805	3.2	2,564	3.0
1963 . .	635	3.1	1,172	2.8	811	3.1	2,618	3.0

TABLE 5.—DEATHS FROM CANCER OF LUNGS AND BRONCHUS.

Year	Males			Females		
	Total deaths	Deaths from Cancer of Lungs and Bronchus	Ratio of 3-2	Total deaths	Deaths from Cancer of Lungs and Bronchus	Ratio of 5-4
	2	3		4	5	
1952 .	3,078	169	18	3,027	29	104
1953 .	3,495	188	18	3,378	34	99
1954 .	3,377	184	18	3,225	32	101
1955 .	3,412	212	16	3,667	36	102
1956 .	3,590	208	17	3,699	39	94
1957 .	3,607	252	14	3,522	37	95
1958 .	3,634	258	14	3,711	37	95
1959 .	3,710	271	14	3,793	42	90
1960 .	3,783	300	13	3,695	43	86
1961 .	3,925	298	13	3,995	67	60
1962 .	4,015	309	13	4,192	58	72
1963 .	4,236	314	14	4,217	60	70

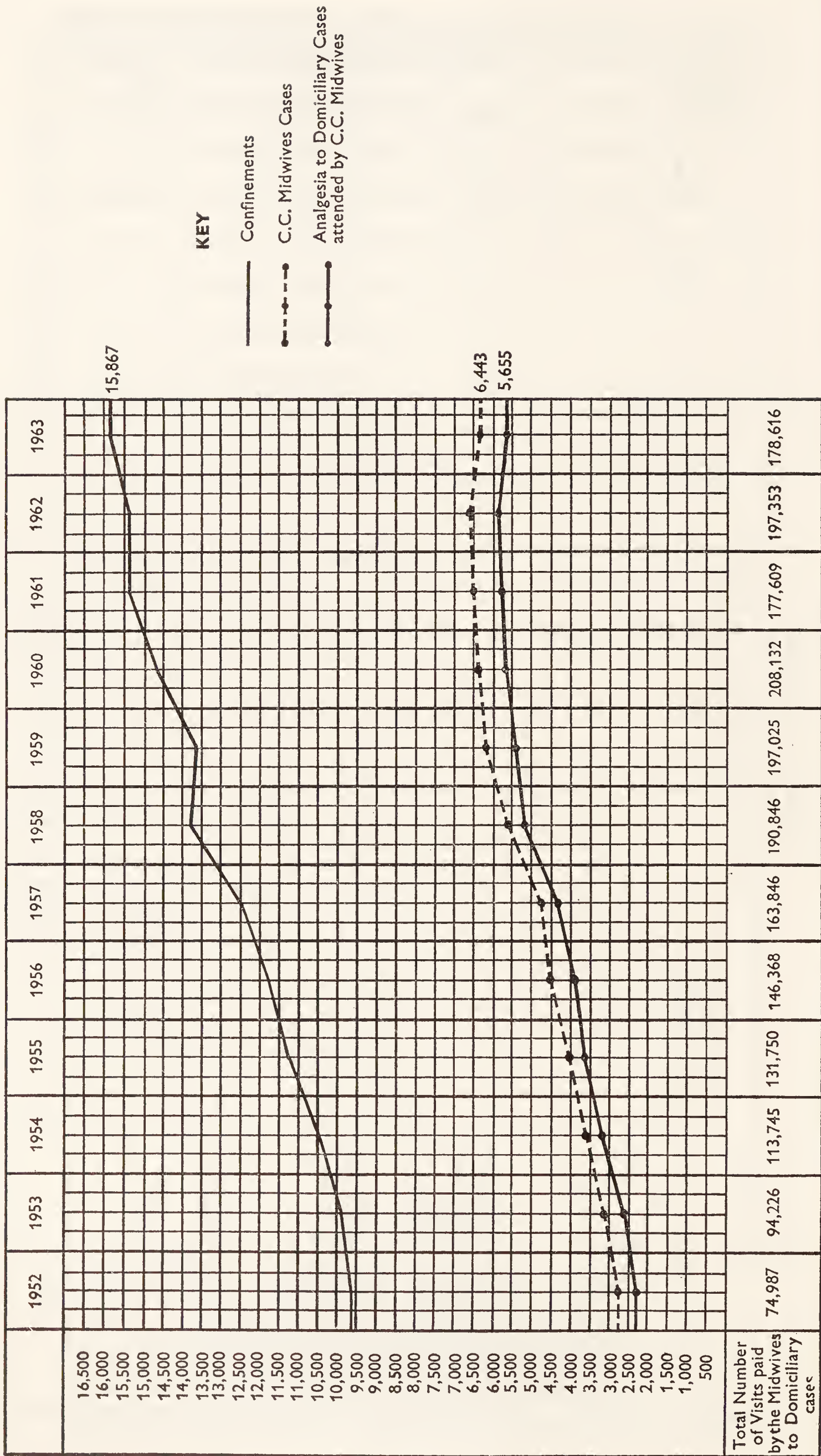
TABLE 6.—CAUSES OF DEATH, 1963.

AGE GROUPS—BOROUGHS AND URBAN DISTRICTS																										
	Under 4 weeks		4 weeks and under 1 year		1 —		5 —		15 —		25 —		35 —		45 —		55 —		65 —		75 and over		Total all ages			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals																										

TABLE 6.—*continued.*

		AGE GROUPS—RURAL DISTRICTS																County Total Borough Urban and Rural									
		Under 4 weeks		4 weeks and under 1 year		1—		5—		15—		25—		35—		45—		55—		65—		75 and over		Total all ages			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	Tuberculosis—respiratory	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	1	—	2	—	1	—	7	4	16	10
2	Tuberculosis—other	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	4	
3	Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	7	
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	
8	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10	Malignant neoplasm—stomach	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	8	
11	Malignant neoplasm—lungs, bronchus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	4	—	6	—	13	17	111	80		
12	Malignant neoplasm—breast	—	—	—	—	—	—	—	—	—	—	—	—	1	2	7	2	5	4	4	—	11	4	37	60		
13	Malignant neoplasm—uterus	—	—	—	—	—	—	—	—	—	—	—	1	3	9	—	9	8	7	—	—	—	—	74	169		
14	Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	5	—	2	—	—	—	—	—	—	58	
15	Leukæmia, aleukæmia	—	—	—	—	—	—	—	—	2	2	1	1	5	—	7	15	16	20	—	25	29	98	84	365		
16	Diabetes	—	—	—	—	—	—	—	—	1	—	—	—	2	2	—	1	2	3	—	4	4	10	10	29		
17	Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	—	1	—	—	—	6	—	—	3	—	—	—	10	8	25		
18	Coronary disease—angina	—	—	—	—	—	—	—	—	—	—	1	—	1	1	30	7	24	37	—	69	76	127	217	447		
19	Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	21	51	—	76	119	265	198	899		
20	Other heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	13	3	12	21	19	38	72		
21	Other circulatory disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	10	27	—	61	131	117	174	383		
22	Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	9	17	—	33	50	58	81	180		
23	Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2	4	—	1	7	7	12	23		
24	Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	9	12	34	—	58	99	112	166	286		
25	Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	3	4	—	30	35	73	44	318		
26	Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	3	3	2	8	9	14	36		
27	Gastritis, enteritis, and diarrhœa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	6	1	14	6	43		
28	Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	1	3	8	5	16		
29	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	1	3	8	12	28		
30	Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	—	13	—	40		
31	Congenital malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
32	Other defined and ill-defined diseases	8	2	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	
33	Motor vehicle accidents	22	17	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	39	
34	All other accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	44	
35	Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	321	
36	Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	80	
	Totals	31	21	13	8	8	7	9	7	23	14	18	12	52	39	99	78	241	146	309	283	449	751	1252	1366	4236	4217

TABLE 7.—CONFINEMENTS OF HERTFORDSHIRE RESIDENTS



MIDWIFERY SERVICE.

The total confinements in the County were 17,435 in 1963, of which 15,867 were of Hertfordshire residents. Of this total the County Council midwives attended 6,443 (see graph) ; 609 of these were dealt with by the Watford domiciliary midwives. In addition twenty-one patients were attended by private midwives.

TABLE 8.

CASES DISCHARGED FROM HOSPITAL INTO DISTRICT MIDWIVES' CARE.

		<i>Hospital and Nursing Homes Confinements of Herts Mothers.</i>	<i>Early Discharges from Hospital.</i>	<i>Total visits by District Midwives.</i>
1959	. .	7,799	3,541	18,337
1960	. .	8,315	3,292	17,836
1961	. .	8,623	1,764	10,122
1962	. .	8,870	2,214	11,318
1963	. .	9,410	3,626	14,985

The number of patients delivered in hospitals and nursing homes increased during 1963 by 727, the total being 10,971. Of these patients 3,626 were discharged before the tenth day from the hospitals into the care of the domiciliary midwives. This number shows an increase of 1,412 over the 1962 figures. The increase meant that the total number of visits to the patient discharged early was up by 3,667.

There has been an increasing tendency for patients to be discharged home within forty-eight hours of being delivered. This is due to the shortage of maternity beds within the hospitals. The Maternity Liaison Committees on which all who are concerned with midwifery services have representation, have discussed this subject fully. It is realized that the early discharge of some patients is necessary, if all women are to be admitted to hospital who require specialized hospital care. It is generally accepted that a planned early discharge is desirable. This means that the patient, the general practitioner, the hospital and the midwife are prepared in advance for this if the bed situation at the time makes the move necessary. A report on the home circumstances is essential for this planning to be satisfactory for all concerned and 1,182 requests for home condition reports were dealt with during the year. The following table shows the numbers submitted from the Divisions.

Home Conditions—Reports for Hospitals.

<i>Division.</i>	<i>No. of reports.</i>		<i>Number of Herts mothers confined in institutions.</i>	
	<i>1962.</i>	<i>1963.</i>	<i>1962.</i>	<i>1963.</i>
Dacorum . . .	38	43	1,055	1,097
East . . .	254	443	1,344	1,411
North . . .	223	159	1,288	1,415
St. Albans . . .	44	110	1,566	1,626
South. . .	39	90	710	738
South-West . . .	327	334	1,912	1,982
Welwyn . . .	21	3	1,008	1,141
	<u>946</u>	<u>1,182</u>	<u>8,883</u>	<u>9,410</u>

Ambulance Service—Emergency Childbirth.

The County Ambulance Officer reports that there were nine births in ambulances during 1963.

<i>Station.</i>	
Hatfield . . .	1
Welwyn Garden City . . .	1
Cheshunt . . .	1
Bishop's Stortford . . .	1
Stevenage . . .	2
St. Albans . . .	1
Watford . . .	1
Rickmansworth . . .	1

Ambulance men only were present at three of the above cases ; in four cases birth occurred when the ambulance was within hospital grounds and medical staff were in attendance. Of the remaining two—one was attended by a doctor who was travelling in the ambulance with the patient and the other by a midwife at whose house the ambulance crew managed to call by the time birth had commenced.

There were no complications in any of these cases.

Twenty-seven patients were delivered at home before or after the arrival of the ambulance.

Watford . . .	5	Hatfield . . .	3
St. Albans . . .	7	Welwyn Garden City .	1
Hemel Hempstead . . .	2	Hertford . . .	1
Boreham Wood . . .	4	Stevenage . . .	2
Barnet . . .	1	Letchworth . . .	1

In seven of the above, ambulance men only were present at the birth. Medical assistance was soon obtained in each case, and there were no complications. The remaining twenty included two premature births—one which was still-born—and one breech birth.

In the case of the breech birth the mother was sixteen years old. A doctor from the local hospital was obtained and later mother and baby were conveyed to hospital.

During 1963, the ambulance service conveyed 3,704 maternity cases—fifty fewer than in the previous year.

Ante-Natal Instruction.

The practice whereby the domiciliary midwives organize classes for expectant mothers within their areas has continued throughout the County.

Refresher Courses.

All midwives attend refresher courses every five years. In the year one nursing officer and twenty-two midwives were sent to courses held in various centres in the country.

Staff and Training of Pupil Midwives.

The number of staff employed at the end of the year was 151, which represented the whole-time equivalent of ninety-one, including eight full-time domiciliary midwives employed in Watford by the Watford Maternity Hospital, acting as an agent for the County Council. Of these midwives fifty-three are approved by the Central Midwives Board to act as teaching midwives. During the year 134 pupil midwives received domiciliary training for a three-months period each as part of their training. Additionally sixty-nine were assisted by the Watford domiciliary midwives.

Ante-Natal and Post-Natal Clinics.

It has become increasingly the practice for midwives to attend at general practitioners' surgeries for the purposes of examination of ante-natal patients with the doctors at fixed sessions. The local authority has no clinics at which Assistant County Medical Officers attend.

Ophthalmia Neonatorum.

In 1963 only one notification was received. The baby was delivered at home, the infection was mild and the vision was not impaired.

Analgesia in Domiciliary Midwifery.

TABLE 9.

USE OF INHALATION ANALGESICS IN DOMICILIARY PRACTICE.

Number of domiciliary midwives, (a) practising in the area at end of year, (b) qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (a) (b)		Number of domiciliary confinements attended by midwives :—		Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year :—			
						When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child	
		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child	Gas and air	"Tri-lene"	Gas and air	"Tri-lene"	Gas and air	"Tri-lene"
164	161	1,752	4,712	164	13	1,412	190	3,575	490

Dangerous Drugs Regulations, 1954.

This table shows the percentage of patients who received Pethidine.

	1956.	1957.	1958.	1959.	1960.	1961.	1962.	1963.
H.C.C. domiciliary midwives .	46·9	46·6	53·5	55·8	56·0	57·6	55·5	54·1
H.M.C. domiciliary midwives .	32·0	38·0	28·0	19·6	38·4	43·9	33·4	36·1
Private domiciliary midwives .	40·5	52·6	66·0	60·0	60·5	60·5	50·0	42·8

Maternal Mortality.

The maternal mortality rate of 0·4 per 1,000 live and still births is slightly higher than the national average of 0·3 per 1,000 live and still births. Comparison of local and national rates is less satisfactory than detailed investigation of individual causes of death, for fluctuations in local rates can be affected by relatively minor variations in the total deaths in any one year.

TABLE 10.
MATERNAL MORTALITY.

Year	Hertfordshire			England and Wales Rate
	No. of Live and Still Births	No. of Maternal deaths	Rate per 1,000 Live and Still Births	
1951 . .	9,433	3	0·3	0·8
1952 . .	9,525	6	0·6	0·7
1953 . .	9,993	5	0·5	0·8
1954 . .	10,652	12	1·1	0·7
1955 . .	11,090	5	0·5	0·6
1956 . .	12,034	6	0·5	0·6
1957 . .	12,784	5	0·4	0·5
1958 . .	13,889	6	0·4	0·4
1959 . .	14,108	5	0·4	0·4
1960 . .	14,874	4	0·3	0·3
1961 . .	15,301	9	0·6	0·3
1962 . .	15,823	3	0·2	0·3
1963 . .	16,265	6	0·4	0·3

In order to ascertain the causes of death, investigations were carried out in each of the six recorded deaths associated with pregnancy, and brief details are given below :—

TABLE 11.

MATERNAL DEATHS.

<i>Age.</i>	<i>Cause of Death.</i>	<i>Where Died.</i>	<i>Division.</i>
40	Haemorrhage and ectopic gestation in fallopian tube	Hospital	Welwyn
32	(1) Pulmonary emboli	Home	North
	(2) Deep venous thrombosis of leg		
	(3) Pregnancy		
18	Peritonitis due to septic instrumental abortion	Hospital	East
25	Renal failure	Hospital	Watford
39	(1) (a) Anoxia	Hospital	East
	(b) Cardio-respiratory failure		
	(c) Post-operative pulmonary collapse and bronchitis		
	(2) (a) Anaesthesia and post-operative shock		
	(b) Congenital heart disease		
25	(1) (a) Eclamptic convulsions	Hospital	East
	(b) Toxaemia of pregnancy		

CARE OF MOTHERS AND YOUNG CHILDREN.

In the tables of vital statistics given later in this report, it will be seen that the infant mortality rate for the year 1963, i.e., the deaths of infants under one year of age, is the lowest ever recorded, being 15·05 per 1,000 live births compared with the national average of 21·0. If further grounds for satisfaction are necessary, reference could be made to the mortality rate of illegitimate infants which is not only the lowest ever recorded (16·0 per 1,000 live illegitimate births) but lower than the national rate of all births.

On this score, it would not be unreasonable to contemplate the general situation in Hertfordshire with some degree of complacency, but it would be foolish to interpret the statistics relating to the care and development of infants in other than a critical fashion. Health is not related solely to physical fitness, nor to the provision of material comforts. The emotional development of the infant is equally important. A great deal of preventive mental health work is given under the guise of advice to young parents by health visitors on the general care and development of young children. The need for this advice and guidance appears to be just as necessary in an educated society as in any other, and in some respects more so.

In the following section of this report, examples will be shown of the extension of the advisory services provided by health visitors, including the development of special clinics attended by members of the child guidance services. These family advisory clinics not only provide the health visitor with skilled assistance in dealing with the habits of children whose emotional development, although not abnormal, is causing some degree of concern, but also provides an opportunity for groups of young mothers to discuss their problems together under the general guidance of a skilled social worker. Such clinics are not possible in all areas of the County, and health visitors are receiving special in-service training to enable them to deal confidently with parents whose concern for their offspring is related more to behaviour rather than physical development.

The need to co-ordinate the three branches of the National Health Service is recognized, and there is an obvious trend towards a closer integration of general practitioner and local health authority services. This is encouraged in the form of schemes of attachment of health visitors and district nurses to group practices, and by making available local authority premises for the family doctor wishing to organize his own "well baby" clinics.

Equally, a closer association with the paediatric departments in hospitals is being fostered, and it is a pleasure to record the willingness of paediatricians in the County to form themselves into an *ad hoc* consultant panel to advise me on the general development of the local authority's child welfare services. This

panel, consisting of representatives of paediatricians in the County, is a new innovation and only one meeting was held during the year ; but I am hopeful that, in the long term, the active participation of consultants and specialists in child health in determining the general lines on which the local authority's child welfare services should develop will bring its rewards.

TABLE 12.
STILL-BIRTH RATE.
(per 1,000 births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	
1944-53 (average for ten years)	58	22.2	94	21.0	58	20.6	210	21.1	22.5
1954 . .	64	23.7	95	20.6	69	20.7	228	21.4	24.0
1955 . .	50	17.7	89	18.1	77	23.0	216	19.5	23.1
1956 . .	61	20.6	114	20.8	67	18.6	242	20.1	23.0
1957 . .	57	18.5	115	19.4	74	19.5	246	19.2	22.5
1958 . .	74	22.4	124	18.7	73	18.4	271	19.5	21.6
1959 . .	56	16.5	126	18.7	76	19.1	258	18.3	20.7
1960 . .	71	19.7	125	17.5	64	15.5	260	17.5	19.7
1961 . .	79	21.9	121	16.5	71	17.2	271	17.7	19.1
1962 . .	64	16.7	106	13.5	55	13.2	225	14.2	18.1
1963 . .	60	15.2	123	15.2	71	14.5	254	15.6	17.3

TABLE 13.
INFANT MORTALITY RATE.
(Deaths under 1 year per 1,000 live births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	
1944–53 (average for ten years)	66	26	113	26	69	25	248	25	36
1954 . .	45	17	81	18	57	17	183	18	26
1955 . .	44	16	85	18	50	15	179	16	25
1956 . .	46	16	102	19	66	19	214	18	24
1957 . .	59	20	107	18	69	19	235	19	23
1958 . .	51	16	94	14	79	20	224	16	23
1959 . .	47	14	120	18	64	16	231	17	22
1960 . .	60	17	124	18	73	18	257	18	22
1961 . .	43	12	152	21	64	15	259	17	22
1962 . .	69	18	143	18	65	16	277	18	21
1963 . .	59	15	109	14	73	17	241	15	21

TABLE 14.—LIVE BIRTHS AND INFANT DEATHS, 1963.

18

	A. Live Births			B. No. of Infant Deaths (under one year)					C. No. of Infants who died under four weeks						
	Legitimate		Total	Legitimate		Illegitimate		Total	Rate	Legitimate		Illegitimate		Total	Rate
	Males	Fe- males		Males	Fe- males	Males	Fe- males			Males	Fe- males	Males	Fe- males		
			Males					Fe- males	Males					Fe- males	Males	Fe- males	Males	Fe- males
Boroughs .	1,917	1,751	3,897	33	20	5	1	59	15.14	23	13	3	1	40	10.26
Urbans .	3,893	3,709	7,927	61	44	4	—	109	13.76	40	33	3	—	76	9.59
Rurals .	2,045	1,920	4,187	42	28	2	1	73	17.43	29	21	2	—	52	12.42
County .	7,855	7,380	16,011	136	92	11	2	241	15.05	92	67	8	1	168	10.49

TABLE 15.

CAUSES OF NEO-NATAL DEATHS.

(i.e.: infant deaths under four weeks.)

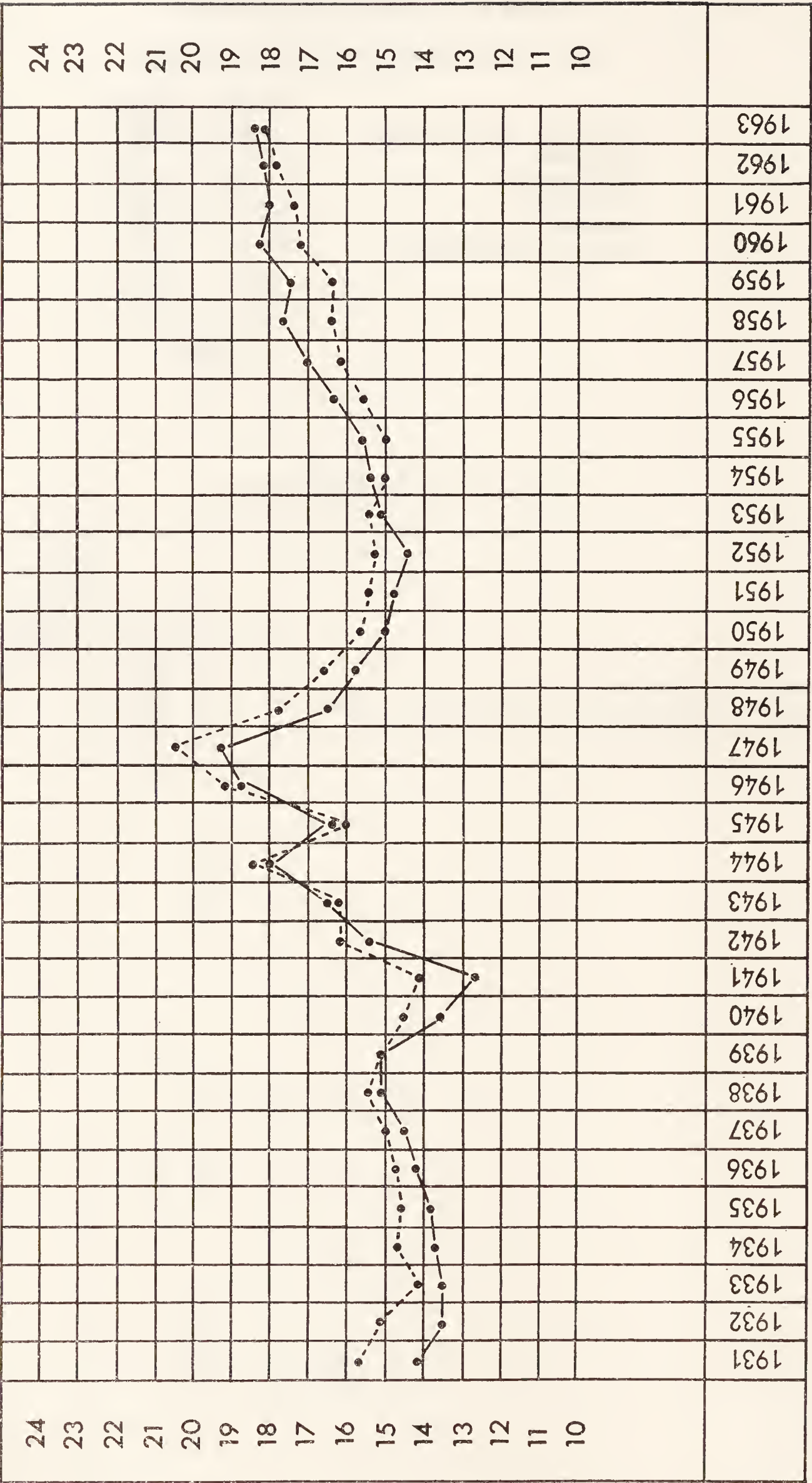
	<i>Male.</i>	<i>Female.</i>
Congenital malformations .	21	19
Asphyxia	3	3
Birth injuries	8	5
Prematurity	44	36
Infection	10	7
Rhesus incompatibility .	6	6
	<hr/>	<hr/>
	92	76
	<hr/>	<hr/>
	<i>Total : 168</i>	

INCIDENCE OF PREMATUREITY.

	Born in	
	Hospital	At home or in a Nursing Home
Premature live births	650	157
Premature babies who died within twelve months	92	12
Premature still births	129	14

TABLE 16.—LIVE BIRTH RATE, 1931-1963.

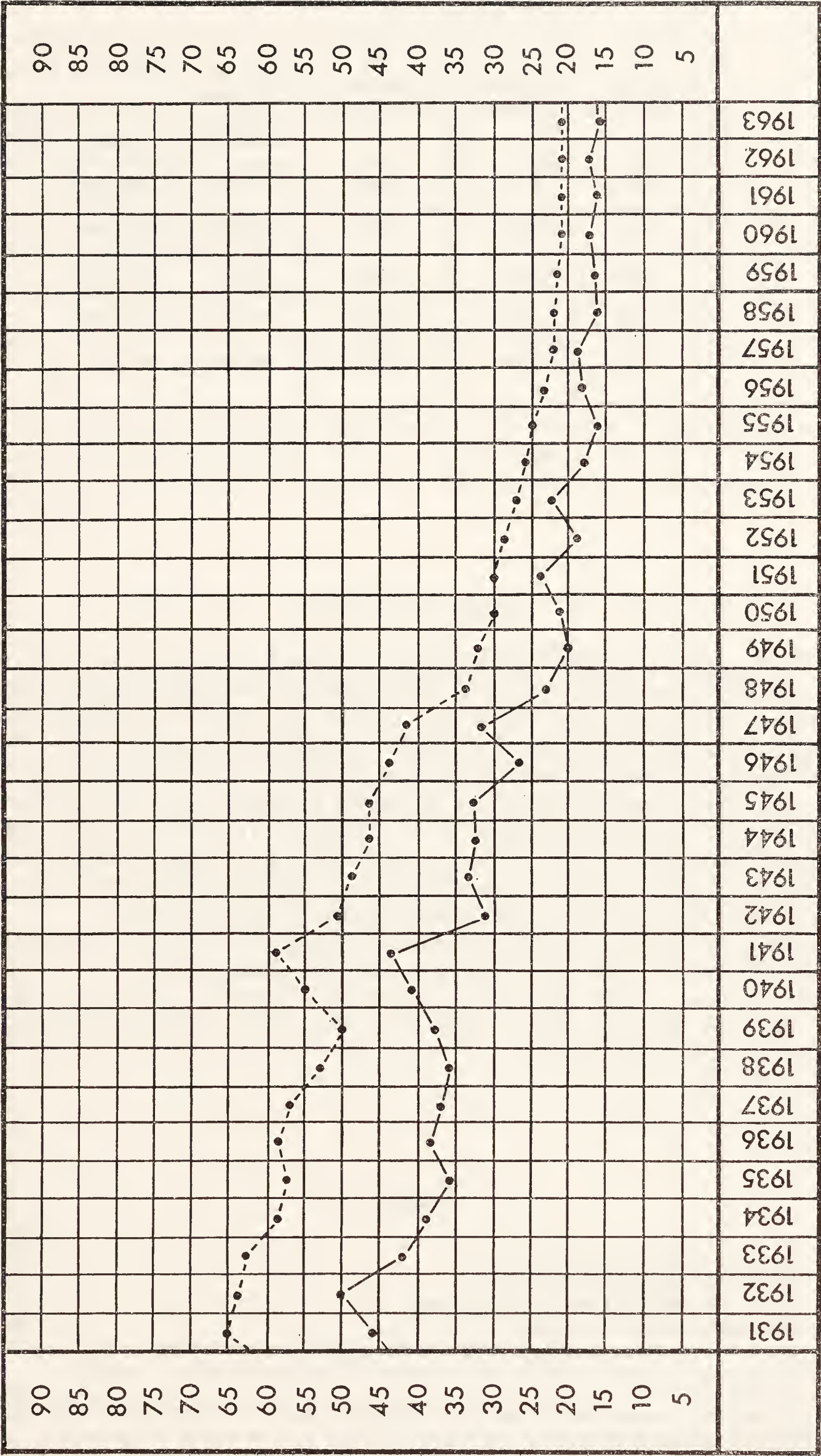
Per 1,000 Population.



Hertfordshire •——• England and Wales •-----•

TABLE 17.—INFANT MORTALITY RATE, 1931-1963.

Per 1,000 Live Births.



Hertfordshire

England and Wales

TABLE 18.

INFANT WELFARE CENTRE ATTENDANCES.

	No. of Centres	Sessions Held	Doctors' Attendances	No. of Children who Attended	Children's Attendances	
					Total	Average per Session
1959 . .	150	6,117	4,446	31,492	239,136	39
1960 . .	150	6,317	4,911	34,852	249,995	40
1961 . .	148	6,510	4,038	38,404	268,050	41
1962 . .	145	6,574	5,212	37,523	262,896	40
1963 . .	146	6,891	5,431	39,955	260,435	39

DAY NURSERIES.

The number of children on the register of the day nurseries at the end of the year was 340, nineteen more than in 1962. The following table shows the different categories into which they fall and it will be seen that the increase has been mainly due to the admission of children of unmarried mothers.

Within the categories were a small number of mentally handicapped children who were too young for admission to junior training centres but whose care could place an intolerable burden on the mothers. In every case these children appeared to respond well to nursery routine both in feeding and habit training. The nursery staff have also, when requested, given advice and instruction on the care and handling of young babies for prospective adopters.

Fifty-six staff are employed and fourteen students are accepted for training in conjunction with the Education Committee's arrangements.

The following table shows the number of children in the different categories who were on the registers at 31st December, 1963, and gives comparative numbers for the year 1962 :—

TABLE 19.

	1962.	1963.
(1) Children of widows or widowers	26	26
(2) Children of unmarried mothers	63	90
(3) Children of deserted wives or husbands	114	89
(4) Children of parents in prison	10	4
(5) Children of parents suffering from chronic illness or disablement	17	10
(6) Children of parents suffering from temporary illness, mother's confinement, etc.	48	58
(7) Children recommended by doctor or health visitor for temporary help	24	32
(8) Children of essential workers in social services	5	10
(9) Children living in bad housing conditions	8	17
(10) Children where there is risk of break up of family	6	4
	<hr/> 321	<hr/> 340

TABLE 20.

<i>Day Nursery.</i>	<i>No. of Approved Places at 31st December, 1963.</i>			<i>Average No. on Register.</i>		<i>Average Daily Attendances.</i>
	<i>0-2</i>	<i>2-5</i>	<i>Total.</i>	<i>0-2</i>	<i>2-5</i>	
	<i>years.</i>	<i>years.</i>		<i>years.</i>	<i>years.</i>	
Barnet, 53 Wood Street	15	40	55	6	32	32
Boreham Wood, Elstree Way	24	26	50	17	21	31
Bushey, London Road	30	50	80	9	28	28
Letchworth, 1 Norton Way North	20	20	40	2	18	18
St. Albans, Royal Road	20	20	40	14	28	33
Waltham Cross, 157 High Street	15	15	30	6	22	24
Watford, St. Albans Road (Beech- wood)	30	20	50	17	38	44
Welwyn Garden City, Cole Green	20	20	40	12	25	31
	<hr/> 174	<hr/> 211	<hr/> 385	<hr/> 83	<hr/> 212	<hr/> 241

The foregoing table shows that the average number of children attending daily dropped slightly during the year. The reason for this was the severe weather in the early three months of 1963 when the attendances dropped dramatically.

THE MATERNITY AND CHILD WELFARE DENTAL SERVICE.

A survey of the staffing situation for 1963 indicates that the year closed as it began, with the full-time equivalent of $21\frac{1}{2}$ dental officers. The total number of sessions devoted to the treatment of mothers and young children, however, was substantially in excess of the 1962 figure. This was due to a dental officer staffing position which was maintained for several months at a higher level than the end of the year figure, and also to the appointment of two additional dental auxiliaries to the staff in September. The two full-time orthodontists attached to the County Dental Service are not included in this figure, as their time is taken up almost exclusively with treatment for schoolchildren, although there may be rare occasions when they might be called upon to give orthodontic advice to the parents of a child under five years of age. This total equivalent of $21\frac{1}{2}$ full-time officers comprised eleven whole-time and twenty-nine part-time dentists.

A greater stability of the staffing position amongst part-time dental officers was evident this year, with seven appointments and six resignations, in contrast with the figures for last year, which stood at seventeen and eleven respectively. On balance, the gains and losses amongst full-time officers remained at the previous year's total of eleven. The staff of dental auxiliaries was increased in the latter part of the year from one to three, and whereas slightly less than 10 per cent of the accumulative time of the dental officers was given to this service, in the case of the auxiliaries the figure was just over 25 per cent, with treatment time being confined exclusively to pre-schoolchildren, in accordance with the regulations governing the employment of this class of ancillary dental worker.

A number of new purpose-built clinics were brought into use in the early part of the year. Two of these, situated at Hitchin and Berkhamsted, were replacements for unsatisfactory premises which had been in use for a number of years and which were unable to provide the facilities that modern treatment methods demand, and a further two were new centres set up in developing areas of St. Albans and Welwyn Garden City. Three of these four clinics were provided with high-speed drill equipment and diagnostic X-ray apparatus. Satisfactory and modern equipment plays an important part in attracting and retaining the services of dental surgeons in local authority practice, and it is with this in view that the policy of installing aids to more efficient dentistry has been

maintained. Of the thirty-four clinics at present in use, eleven have now been provided with X-ray apparatus and the necessary dark-room facilities. High-speed drill equipment of the air-driven turbine type is now in use at twenty clinics. Continuous development in this field has recently produced the air-bearing turbine, the main advantage of which is quieter operation and longer life in comparison with the ball-bearing type of apparatus, and three machines of this type are at present in use.

Towards the end of the year, the General Dental Council published an interim report on the experimental scheme for the training and employment of dental auxiliaries. This was in accordance with Section 43 of the Dentists Act, 1957, which required the General Dental Council to produce a report on the experiment three years after it had been put in train. The report, which is a lengthy one, is largely factual and covers in detail the setting up and subsequent organization of the training school at New Cross. Paragraph 101 of the report sets out the aims of the scheme, and reads as follows :—

“ The experimental scheme was designed to determine :

- (a) The age, preliminary educational and other qualifications to be required of candidates ;
- (b) The availability of suitable candidates for training ;
- (c) The length and content of the course of training desirable ;
- (d) The conditions of employment necessary with special reference to the extent of direction and supervision required ;
- (e) The amount and quality of the work done ; and
- (f) The acceptability and economic aspect of the use of auxiliaries.

It can be said that candidates who appear suitable have applied for training, have been trained, have passed examinations to the satisfaction of external examiners eminent in the field of children's dentistry, have been found employment and are doing the work which they have been trained to do. The rate of wastage so far has been very small.”

The report goes on to stress, however, that information, particularly in relation to the fieldwork of these young persons, is insufficient at this stage of the experiment for an assessment of their probable value to the community to be attempted.

Although there was little difference in the number of attendances made by expectant and nursing mothers for inspection and treatment in the years 1961 and 1962, an increased demand from this section of the population is apparent this year, and all-round increases in the work carried out for them is noted. Progress in the treatment of pre-schoolchildren has continued, and there is evidence that the demand rate is increasing, as reference to the following figures will show.

	1959.	1960.	1961.	1962.	1963.
No. of children under-five examined	1,810	1,944	2,187	2,469	2,878

This progressive demand has resulted not only from a population growth but also from a higher proportion of children attending the clinics. In 1961, 8 per cent of the pre-school-child population received an inspection. By 1963, this figure had risen to approximately 10 per cent. The work carried out for these children has increased substantially, particularly in conservative dentistry, where 1,055 additional fillings were completed. It is also gratifying to note that the total of extractions was only slightly higher than the 1962 figure, and this has produced an encouraging increase in the ratio of fillings to extractions. Four years ago, this figure was 1·6 to 1. This year it has improved to 2·8 to 1.

Details of the work carried out during 1963 are as follows :—

Expectant and Nursing Mothers.

No. of mothers examined	258
„ „ needing treatment	238
„ „ treated	217
„ „ made dentally fit	134
No. of attendances for treatment	789
Scaling and gum treatment	79
Fillings	543
Extractions	231
General anaesthetics	44
Dentures—full upper or lower	14
partial upper or lower	27

Children under Five.

No. of children examined	2,878
„ „ needing treatment	2,001
„ „ treated	1,874
„ „ made dentally fit	1,335
No. of attendances for treatment	5,095
Scaling and gum treatment	293
Fillings	3,541
Silver nitrate treatment	1,253
Extractions	1,238
General anaesthetics	641

FLUORIDATION OF WATER SUPPLIES.

Ample evidence exists to show that a reduction in the incidence of dental caries can be effected by the addition of fluoride to water supplies deficient in it naturally.

In only one area in the County is fluoridation of water supplies practised, this being in Watford ; and the results, following a number of years' study, confirm the findings of similar studies carried out in America and elsewhere.

Although fluoridation of water supplies has been carried out for nearly twenty years in America and research into the benefits and possible risks has been intensive, the mention of fluoridation appears to arouse fierce antagonism from some sections of the community.

The Health Committee, after lengthy deliberations and after hearing at first hand medical opinion both for and against this policy, finally accepted the official advice of the Ministry of Health that fluoridation of water supplies is both safe and effective in reducing the incidence of dental caries ; but, in recommending the acceptance of the principle, asked that further details on the practical and technical aspects should be considered before any scheme is adopted in the County.

No further progress has been made since, for it is understood that the legal position is to be challenged.

OPHTHALMIC CLINICS.

During the year, 307 children under five years of age attended the Ophthalmic Clinics for the first time. In addition, 499 attendances were made by children for re-examinations. Ophthalmologists prescribed spectacles for seventy-two children.

It is of the utmost importance that children in need of ophthalmic treatment should be seen as early as possible.

UNMARRIED MOTHERS.

Unmarried mothers requiring County Council assistance are the responsibility of the Children's Committee if under the age of seventeen, and of the Health Committee if over that age. Miss Morfey—a trained almoner, who was

appointed in 1945 by the then Maternity and Child Welfare Committee to include the care of these mothers as part of her duties and who had continued this work for the Health Committee since 1948, retired in May.

Liaison with the St. Albans Diocesan Moral Welfare Association had become very close in this connection during recent years and, on her retirement, this Association was asked to take over the field work part of Miss Morfey's duties with the mothers and babies. It is, therefore, difficult to include in this year's report any reference to the general situation as seen by a County Council almoner, but the table shows the number of girls for whose maintenance the Health Committee accepted responsibility in various Homes. Although the number is slightly higher than in 1962, it is less than the figures for 1960 and 1959. Thirty-one of those helped during the year were placed in Widecombe—the Home at Streatley provided by the Diocesan Association—and the remaining ninety-eight at other Homes in or around London.

The cost of maintenance, though a little higher, has not altered materially during the past four years. As there was still the need to provide for the emergency case, the difficult girl and the occasional married woman with an illegitimate child, it was necessary to retain a lien on four beds in Widecombe for this purpose.

NO. OF UNMARRIED MOTHERS PLACED IN HOMES WITH ASSISTANCE FROM COUNTY COUNCIL.

	St. Olives	Widecombe	Other Homes	Total
1957 . .	46	—	80	126
1958 . .	44	—	68	112
1959 . .	22	24	91	137
1960 . .	—	45	99	144
1961 . .	—	34	77	111
1962 . .	—	36	70	106
1963 . .	—	31	98	129

MOTHER AND BABY HOMES.

	<i>Ante- natal and Post- natal.</i>	<i>Ante- natal.</i>	<i>Post- natal.</i>
<i>Widecombe.</i>			
Remaining from 1962, discharged 1963 .	2	—	—
Admission in 1963	21	—	10
Booked in 1963, admission pending .	2	—	—
Total 1963 :	31		
<i>Other Homes.</i>			
Remaining from 1962, discharged 1963 .	5	—	—
Admission in 1963	89	5	4
Booked in 1963, admission pending .	6	—	—
Total 1963 :	98		
Total :	129		

FAMILY ADVISORY SERVICE.

Report of Miss Gurney—Psychotherapist.

During 1963 work with parents of children under five has continued and made progress.

Individual parents have been seen with regard to their children's difficulties and a number of therapeutic group sessions have also been held with parents, each group taking place once a month over a period of about four months.

These have taken place at various centres around the County and have proved very valuable, and have included some groups specifically for the parents of adopted children. I think it is fair to state that a number of problems have been solved which, if left, would have resulted in attendance at a Child Guidance Clinic at a later date. There has also been more opportunity this year to visit the country centres on their welfare meeting day and this has proved useful in seeing parents in the more isolated districts.

There is still great need for nursery schools and/or play groups for children under five and I am glad to report that during the year more of these have been started with the consent of the authorities.

A new development which has taken place this year at the Health Education Centre is a course of films and seminars on the normal development of children. One or two health visitors from each division have attended and it seems to have been much appreciated. It is proposed to repeat this course until all the health visitors have been given a chance to attend.

CHILD DEVELOPMENT CLINIC, WELWYN GARDEN CITY.

The Development Clinic still gives most valuable support to young mothers and health visitors in the town, and it is heartening to see how well the branch sessions on the other side of the town have become established since the opening of the Viaduct Centre as a subsidiary clinic.

The report of Mrs. Baker, Senior Psychiatric Social Worker in Welwyn Garden City, reads as follows :—

This has been a year of active exchange between the Child Development Clinic and workers in the Maternity and Child Welfare Service. There has been a slight increase in the number of referrals and while the total number of interviews is higher, much more work would have been done had time been available.

It has been a great advantage to have the additional centre at the Viaduct Clinic. In this area there is a high proportion of families with children under five, most of them with two children. The first child is most commonly brought to the Child Development Clinic. A mothers' group was started in this centre and the opportunity for discussion of emotional growth and exchange of views seems to be appreciated. It is also valuable as the children under five come with these mothers and have opportunity for play and first experience in social behaviour.

There appears to be a great need for more half-time places in Nursery School or Nursery Class, especially in the Viaduct area. Many children of three-and-a-half are seen whose aggressive and tiresome behaviour is largely because of the lack of suitable outlets for their abundant energy and the fact that their social development is neglected. Entering school at five plus, they often find it unduly hard, make little progress in learning, even though intelligent, and frequently are referred to the School Psychological Service or the Child Guidance Clinic at the age of six or seven.

This year there are five cases referred from the Child Guidance Clinic for help with the emotional growth of the children and adjustment of relationships within the family.

On the whole, cases have been well selected with a higher number this year of children who show various forms of timidity and lack of confidence. Most mothers who are seen are over-conscientious and lacking in confidence.

The essence of the work seems to be in promoting the understanding between mother and child and considering them as a unit. After the first few interviews much longer intervals in time are needed between interviews since a third party may interfere with the developing relationship. It would be helpful if children were referred as young as possible. This particularly is true where feeding and sleeping troubles are the chief symptoms in the first year.

I should like to thank all my colleagues in the Maternity and Child Welfare Clinics and in particular the health visitors for their initial interpretation to the mothers as to the nature of the work in the Child Development Clinic.

CHILD DEVELOPMENT CLINIC.
1st April, 1963–31st March, 1964.

				<i>Discharges.</i>			
Number of cases—				Improved			14
Old		17		Lapsed			3
New		33		Not improved			1
		—		Transferred to Child Guidance Clinic			1
		50					—
		—					19
				Current cases			31
Total number of interviews							—
(including 17 after-care)		271					50
		—					—

SALE OF WELFARE FOODS.

The sales of national welfare foods at 155 centres continued. The vast majority of these sales were undertaken by voluntary workers and our thanks are once again given to them for their efforts.

The orange juice sales increased substantially but the other commodities (National Dried Milk, cod liver oil, and vitamin tablets) all showed a reduction. It is interesting to note that the sales of National Dried Milk at full cost of 4s. per tin are still increasing.

TABLE 21.

	National Dried Milk, tins	Cod Liver Oil, bottles	Vitamin A and D Tablets, packets	Orange Juice, bottles
Issued to beneficiaries against coupons	78,377	16,822	25,845	297,401
Issued to hospitals and day nurseries	1135	311	—	1,043
TOTALS	79,512	17,133	25,845	298,444
Sales at 4s. (No coupons.)	14,306			

HEALTH VISITING

The role of the health visitor has changed quite considerably during the past ten years. Previously, she was largely limited to advising on the care of the children under five years, and as school nurse maintaining a contact with the children when they were at school and assisting at the regular medical inspections in the schools. Although it has been possible to give some of her more routine work to nurses rather less qualified to enable her to extend her interest into the family as a whole with particular reference to the aged and those with other infirmities, she is still expected to watch over the development of the young in her area and to be the adviser of the young parent.

She is being given in-service training in psychiatric problems to recognize more readily difficulties that may be arising in families, and refresher courses to make her aware of the trends of modern thought as it impinges on her field of work. The breadth of her responsibilities does not allow her to deal very intensively with many of the problems she may come across in her families, and these particular households are transferred to the interest of the appropriate social workers in their more specialized fields. The close relationship now existing between the health visitor and the various social workers with their regular meetings together enables the proper lines of action to be taken with the minimum of delay.

The number of staff employed on health visiting work, including twelve tuberculosis visitors, was 160 representing 78·95 full-time health visitors. All are engaged on school nursing work. Help is given to these officers by the employment of thirty-five state registered nurses.

During the year six health visitor students completed the health visitor training under the County's grant scheme, as compared to eleven in 1962. Some of these students received part of their practical training within the County as did others who were sent into the area from the colleges in London.

Health visitors visited 77,058 cases and made a total of 208,628 individual visits to children, expectant mothers, the aged and others.

TABLE 22.

HEALTH VISITORS' ATTENDANCES AT CLINIC SESSIONS AND INSTRUCTIONAL CLASSES.

	1962.	1963.
Child Welfare Centres	9,648	9,892
Ante- and Post-natal Clinics	362	169
Tuberculosis Clinics	65	75
B.C.G. vaccination sessions	168	154
Smallpox vaccination sessions	337	494
Diphtheria immunization sessions		
Poliomyelitis vaccination sessions	570	436
Mothers' Clubs and instructional classes	551	609
Day Nursery medical inspections	55	67
	<hr/> 11,756	<hr/> 11,896

Attendances at meetings, case consultations, lectures, etc.

	1962.	1963.
Case conferences	393	640
Meetings and lectures attended	2,298	2,402

Health visitors have participated in teaching projects, held discussion groups and assisted in the running of clubs for parents at the Health Centres. The details of the teaching programme will be found in this report under the section Health Education.

Refresher Courses.

The attendances of health visitors on courses outside the County are valuable in that free exchange of ideas are made with colleagues from other areas in the country. In 1963 nine health visitors were sent away for attendance at courses of one week's duration.

Courses on the ascertainment of deafness have also been attended and twenty-four health visitors completed this training. One course was held within the County.

Health Visitors and General Practitioners.

The professional association between family doctors and health visitors has varied in degree from area to area and from the individual doctor to health visitor.

It has within the last few years become recognized that closer liaison should be fostered for the better understanding of each other's work, and an ultimate improvement of the service to the community. To this end in view many discussions have taken place with general practitioners and health visitors throughout the County. From a rather quiet start in 1962, when only two health visitors became more closely linked with the family doctor, progress has now been made in that eighteen health visitors are involved with the closer working with eleven groups with a total of thirty-nine general practitioners.

The whole borough of Hemel Hempstead by the end of 1963 was covered in this new way. The other areas involved are Hoddesdon, Cheshunt, and Croxley Green.

Mental Health.

The seminars which started at Napsbury Hospital in 1958 for the further education of health visitors in the subject of mental health, have been running continuously since that year.

Health visitors have also been helped by Miss Gurney, Psychotherapist, in dealing with problems of children under the age of five years.

VACCINATION AND IMMUNIZATION.

The local authority schemes for the prevention of disease include vaccination against smallpox and poliomyelitis; and immunization against diphtheria, whooping cough and tetanus. Although these preventive measures are accepted as a routine by all but a minority of parents, the need for periodic publicity campaigns still exists, for relative freedom from outbreaks of disease may dull any sense of urgency for preventive action.

As yet there is not protection against measles, but it is understood that trials of vaccines are taking place and it seems likely that in the foreseeable future vaccination against measles will take its place in the programme of protective measures.

TABLE 23.

	At Clinics	By Private Doctors	Total
<i>Smallpox Vaccinations—</i>			
Primary	1,721	3,056	4,777
Re-vacs.	129	1,881	2,010
	1,850	4,937	6,787
<i>Diphtheria Immunizations—</i>			
Primary	373	269	642
Boosters	3,776	1,288	5,064
	4,149	1,557	5,706
<i>Whooping Cough Immunizations—</i>			
Primary	2	1	3
Boosters	2	40	42
	4	41	45
<i>Combined Diphtheria/Whooping Cough/Tetanus Immunizations—</i>			
Primary	7,443	5,576	13,019
Boosters	3,691	2,243	5,934
	11,134	7,819	18,953

DIPHTHERIA IMMUNIZATION.

Year.	Number of Children who completed a Full Course of Primary Immunization.		Number given a Reinforcing Injection.
	Under 5 years of age.	Over 5 years of age.	
1953 . .	6,560	945	8,117
1954 . .	8,835	901	8,093
1955 . .	6,781	815	5,671
1956 . .	10,768	846	7,338
1957 . .	9,646	661	5,548
1958 . .	10,383	631	6,254
1959 . .	11,106	501	6,697
1960 . .	14,467	830	9,427
1961 . .	15,197	1,911	11,698
1962 . .	13,074	574	7,606
1963 . .	13,231	430	10,998

Smallpox Vaccination.

The Minister of Health in November, 1962, recommended that children should be vaccinated against smallpox during their first two years of life preferably during the second year instead of during the first year. The figures for 1963 reflect this alteration in practice and the percentage vaccinated is abnormally low.*

Vaccinations.			No. of births.	Vaccinations under 2 yrs. of age.	Percentage vaccinated under 2 yrs. of age.
Primary.	Revaccinations.	Total.			
4,777	2,010	6,787	15,598	3,604	23·1

TABLE 24.

SMALLPOX VACCINATIONS.

Year	Vaccinations			No. of Live births during year	Vaccinations under one year of age	Percentage vaccinated under one year of age
	Primary	Revaccinations	Total			
1953	5,275	1,323	6,598	9,811	4,330	44·2
1954	5,992	855	6,847	10,424	4,827	46·3
1955	6,103	825	6,928	10,874	5,163	47·5
1956	7,371	1,023	8,394	11,792	6,316	53·6
1957	9,558	1,760	11,318	12,538	7,284	58·1
1958	9,781	1,116	10,897	13,618	8,492	62·4
1959	10,281	1,098	11,379	13,850	8,914	64·4
1960	10,518	1,333	11,851	14,614	8,827	60·4
1961	11,979	1,537	13,516	15,030	8,825	58·7
1962	45,222	56,566	101,788	15,598	9,455	60·4
1963	4,777	2,010	6,787	*	*	*

* See above.

Poliomyelitis Vaccination.

It is pleasing to report that the percentage of children vaccinated against poliomyelitis remains at a high figure. This reflects the enlightened outlook of modern parents and the constant reminder by health staffs of the importance of these protective measures.

TABLE 25.

POLIOMYELITIS VACCINATION—DIVISIONAL FIGURES.

	Divisions. May, 1956, to 31st December, 1963							County total at 31.12.63	County total at 31.12.62
	Dacorum	East	South	North	St. Albans	S. West	Welwyn		
Poliomyelitis vaccination. Two injections or three oral doses given									
Children born in 1963	351	336	128	412	250	350	271	2,098	—
Children born in 1943-62	29,884	37,764	16,554	39,363	41,008	49,189	26,606	240,368	226,688
Young persons born 1933-42	6,862	9,714	4,297	9,722	7,686	13,342	9,380	61,003	60,189
Others	10,270	11,966	5,143	12,110	9,421	13,994	8,170	71,074	69,866
Total	47,367	59,780	26,122	61,607	58,365	76,875	44,427	374,543	356,743
Number of persons given three injections or two injections and one or two oral doses (all groups) September, 1958 to 31st December, 1963	41,608	53,533	22,364	53,884	46,146	66,542	37,559	321,636	317,265
Number of persons given four injections or three injections and one oral dose (age 5-11 years inclusive). 1st April, 1961, to 31st December, 1963	11,771	13,588	5,815	13,834	14,203	19,533	10,112	88,856	78,256

TABLE 26.
POLIOMYELITIS VACCINATIONS.

	<i>Salk.</i>	<i>Oral.</i>	<i>Total.</i>
Initial vaccination (two injections or three oral)—			
April, 1956, to December, 1962	338,966	17,777	356,743
Year, 1963	339	17,461	17,800
	<u>339,305</u>	<u>35,238</u>	<u>374,543</u>
Reinforcing vaccinations—			
3rd doses—			
September, 1958, to December, 1962	295,646	21,619	317,265
Year, 1963	717	3,654	4,371
	<u>296,363</u>	<u>25,273</u>	<u>321,636</u>
4th doses—			
April, 1961, to December, 1962	61,793	16,463	78,256
Year, 1963	98	10,502	10,600
	<u>61,891</u>	<u>26,965</u>	<u>88,856</u>

Note.—Oral vaccination started in April, 1962.

TABLE 28.
POLIOMYELITIS—CASES AND DEATHS.

Year	Population	Confirmed cases		Deaths
		Number	Rate per 1,000 population	
1953 . . .	651,500	57	0·09	5
1954 . . .	671,700	25	0·04	4
1955 . . .	692,000	130	0·19	4
1956 . . .	715,000	42	0·06	1
1957 . . .	739,800	149	0·20	10
1958 . . .	761,200	20	0·03	—
1959 . . .	784,000	23	0·03	3
1960 . . .	806,040	3	0·003	—
1961 . . .	836,960	—	—	—
1962 . . .	857,200	5	0·006	—
1963 . . .	873,870	1	0·001	—

B.C.G. VACCINATION

The scheme for the testing and vaccination of pupils aged thirteen years and over was continued. Table No. 27 gives details regarding this scheme. In addition to those shown in this table, ten students of further education and teachers' training colleges were included in the scheme.

TABLE 27.
School children aged 13 years plus

No. of children tested	11,989
No. of children found positive	742
No. of children found negative	10,921
No. of children vaccinated	10,857

Much of the fall in mortality and morbidity during the school period has been due to improved facilities for the prevention and treatment of tuberculosis. B.C.G. vaccination is now accepted as an efficient preventive agent and tuberculosis has been described as remaining “ only as pools in a receding tide ”.

TABLE 29.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1963. (CORRECTED.)

District.	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid	Paratyphoid	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox	Malaria	Undulant Fever	Infective Hepatitis	Wells Disease	Tuberculosis		Scabies	Total for Districts	
			Paralytic	Non- Paralytic						Infective	Post- Infective													Pulmonary	Non- Pulmonary			
Boroughs—																												
1 Hemel Hempstead	4	13	—	—	1,278	—	—	5	—	—	—	—	—	1	—	2	2	—	—	—	—	—	—	24	3	—	1,352	
2 Hertford	2	1	—	—	424	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	1	—	441	
3 St. Albans	19	52	—	—	776	—	3	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	11	4	—	872	
4 Watford	18	12	—	—	803	—	12	29	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	49	2	—	934	
Totals Boroughs .	63	78	—	—	3,291	—	15	37	—	—	—	—	—	2	—	10	2	1	—	—	—	6	—	84	10	—	3,599	
URBANS—																												
1 Baldock	13	—	—	—	88	—	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	121	
2 Barnet	9	14	—	—	562	—	7	142	—	—	—	—	—	—	—	—	28	—	—	—	—	—	—	—	—	—	771	
3 Berkhamsted	1	47	—	—	174	—	4	5	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	236	
4 Bishop's Stortford	3	43	—	—	444	—	3	72	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	574	
5 Bushey	3	5	—	—	258	—	2	29	—	—	—	—	—	—	—	—	23	1	—	—	—	—	—	—	—	—	329	
6 Cheshunt	20	52	—	—	836	—	7	1	—	—	—	—	—	3	—	—	5	1	—	—	—	—	—	—	—	—	946	
7 Chorleywood	—	—	—	—	140	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	143	
8 East Barnet	19	25	—	—	572	—	3	105	—	—	—	—	—	3	—	15	2	—	—	—	—	—	—	—	—	—	956	
9 Harpenden	8	23	1	—	354	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	396	
10 Hitchin	1	3	—	—	50	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	66	
11 Hoddesdon	6	8	—	—	321	—	8	4	—	—	—	—	—	8	—	—	2	—	—	—	—	—	—	—	—	—	358	
12 Letchworth	12	1	—	—	537	—	6	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	569	
13 Rickmansworth	4	6	—	—	144	—	7	3	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	178	
14 Royston	—	2	—	—	145	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	152	
15 Sawbridgeworth	—	—	—	—	115	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	121	
16 Stevenage	32	5	—	—	543	—	—	6	—	—	—	—	—	—	1	9	1	—	—	—	—	—	—	23	—	—	622	
17 Tring	—	1	—	—	265	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	266	
18 Ware	—	10	—	—	81	—	4	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	100	
19 Welwyn Garden City	30	19	—	—	554	—	14	11	—	—	—	—	—	1	—	1	10	3	—	—	—	—	—	—	—	—	644	
Totals Urbans .	161	264	1	—	6,183	—	92	382	—	2	—	—	2	17	2	40	74	5	202	—	—	—	4	—	95	21	1	7,548
RURALS—																												
1 Berkhamsted	—	1	—	—	135	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	137	
2 Braughing	6	11	—	—	248	—	6	3	—	—	—	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—	285	
3 Elstree	11	21	—	—	776	—	1	1	—	—	—	—	—	—	3	4	—	—	—	—	—	—	—	—	—	—	828	
4 Hatfield	26	60	—	—	518	—	7	5	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	624	
5 Hemel Hempstead	2	5	—	—	157	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	167	
6 Hertford	3	1	—	—	172	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	181	
7 Hitchin	5	1	—	—	286	—	3	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	302	
8 St. Albans	34	24	—	—	546	—	3	19	—	—	—	—	—	3	—	2	1	—	—	—	—	—	—	—	—	—	644	
9 Ware	3	3	—	—	189	—	2	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	207	
10 Watford	19	21	—	—	607	—	8	46	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	750	
11 Welwyn	3	—	—	—	40	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	45	
Totals Rurals .	112	148	—	—	3,674	—	32	76	—	—	—	1	1	9	4	31	5	—	—	—	—	3	—	63	17	—	4,176	
Totals County .	336	490	1	—	13,148	—	139	495	—	2	—	1	3	28	6	81	81	6	202	—	—	13	—	242	48	1	15,323	

INFECTIOUS DISEASES.

With the exception of measles, which tends to appear in epidemic form in two-year cycles, there were no major outbreaks of infectious disease during the year. Nevertheless, the number of cases of whooping cough notified during 1963 was much higher than in the previous year, the same applying to notified cases of dysentery. The bulk of cases of dysentery were concentrated in the south of the County (Barnet and East Barnet), and a number of the cases were of school-children. Emphasis was placed on personal hygiene in schools in order to minimize the spread of infection, but the disease appeared to be widespread in the community. When considering the amount of pre-cooked foods available on the market and the number of meals eaten in restaurants and canteens, the incidence of enteric diseases is kept to reasonable proportions, although continued efforts are necessary to ensure high standards of food preparation.

HEALTH EDUCATION.

Although various members of the staff had for many years contributed towards health education in one way or another, the return in 1961 of Miss Shadek from the year's course in London provided a very decided impetus to the work in this connection.

During the past two years, the demand made upon the small staff at their temporary headquarters at Hatfield increased so much that it became obvious that more assistance was necessary, and approval has been given to the appointment of a Deputy Health Education Officer in 1964.

Last year, mention was made of some of the early activities of this Section of the Department, and in this year's report it will be seen how widespread the scope of its work has now become. The Health Education Officer touches briefly on most aspects of it giving, in view of the interest of other authorities, special prominence to what is possible in the way of displays and exhibitions.

An overall increase in the request for services from the Health Education Section gave a true challenge and encouragement to this small unit during 1963.

TEACHING PROJECTS.

Study Days at the Health Education Centre.

Assistance was given to the Home Help Section with the arrangement and management of a five-day in-service training project, attended by thirty-nine home helps from the County.

In co-operation with the Nursing Section the Hertfordshire district nurses attended two study afternoons on the care of the physically handicapped patients. Dr. J. J. Walsh, M.B., B.S., Deputy Director of the Spinal Injuries Centre of Stoke Mandeville Hospital, gave the first lecture titled "Medical and Nursing Care of the Physically Handicapped", and Dr. S. Mattingly, M.B., M.R.C.P., D.Phys.Mech., Consultant from Garston Manor Rehabilitation Centre, lectured during the second afternoon on "Medical Rehabilitation". The lecture afternoons were open to members of the Welfare Department and Voluntary Organizations engaged in helping the physically handicapped. Each meeting was attended by an audience of one hundred.

A lecture afternoon was arranged for domestic science and pre-nursing course teachers at the request of Miss M. Garraway, the County Organizer for Domestic Science. Miss V. M. King, County Nursing Officer, introduced the principal speaker, Dr. G. R. Taylor, Divisional Medical Officer, who gave a stimulating and interesting account on "Present Trends in the Field of Preventive Medicine", followed by a short talk on the work of the Health Education Officer, Miss G. A. Shadek. A lively discussion brought many interesting points to notice.

In October, Miss E. M. Gurney, Psychotherapist, started a series of discussions with a group of health visitors on normal child development. Seven sessions were arranged for the first group.

Lecture and Visual Aids Demonstrations.

There were thirty-eight sessions held at the Health Education Centre to groups including assistant county medical officers, health visitors, district midwives, and nurses and others.

The size of the groups varied from two to twelve members of staff and in a few instances individual advice and demonstration was given although group attendance is preferred for this type of project however small, as group participation has been found a helpful stimulant at such sessions. The subjects discussed included ante-natal care, teaching projects in schools, infant welfare centres, home nursing, social services, and sex education.

Divisional Staff Meetings.

Five such meetings were held on invitation by Divisional Nursing Officers for health visitors. At these meetings, teaching techniques, demonstration of visual aids, teaching projects at schools, and the smoking and health campaigns were discussed.

Lectures given by the Health Education Officer to others than Staff.

Twenty-two lectures were given during 1963 at the request of various organizations including one teacher training college, a third-year student nursing group, to members of the St. John Ambulance Brigade and the British Red Cross Society, and to the third-year students at the new College of Speech and Drama in London.

TEACHING AIDS SERVICE.

There was a marked increase in the requests for sound films and for filmstrips for projects in schools and Welfare Centres; for parents' groups, including Parent/Teacher Associations; at Women's Institutes; and at meetings of various other organizations.

NEW TEACHING SYLLABUSES.

A new ante-natal syllabus and lecture headings for six talks were issued to divisional staff during the year.

A series of six talks for junior schools were designed on personal hygiene following requests from health visitors, and the series was given at two junior schools experimentally.

EXHIBITION AND DISPLAY SERVICE.

Home Safety.

After the previous year's conference and exhibition at County Hall for the Home Safety Committees of Hertfordshire, a list was issued of display material available from this centre. This resulted in many inquiries and requests.

Two new home safety displays were made during the year, one unit (measuring 4 by 5 feet) titled "Holiday Safety" illustrating points of water safety, and another display (measuring 4 by 4 by 4 feet) on "Garden Safety".

There are thirteen displays available on loan for Home Safety Committees covering all major aspects of home accidents.

In March the Hertford Home Safety Committee requested the loan of our entire stock of displays and assistance in organizing a comprehensive one-week exhibition at the Mercury Hall, Hertford. The Fire Safety Department joined forces in this project, in addition to health visitors who organized teaching projects on home safety at their Welfare Centre and schools during the week.

This exhibition project proved a worthwhile experiment and clearly demonstrated the value of team effort, also the usefulness of exhibitions combined with teaching projects to invited audiences.

In July, the Hoddesdon Home Safety Committee borrowed the entire display material range for a joint home and road safety project. Again the health visitors and the Fire Safety Department joined the team and the exhibition was combined with teaching projects to invited audiences at the exhibition hall ; teams also visited schools during this period.

Apart from these two large and time-absorbing projects, display material was loaned to Watford Home Safety Committee for the Watford Fair in Cassio-bury Park at Whitsun, and earlier in the year for their "at home" event at Woodside Community Centre.

Berkhamsted Home Safety Committee made use of several displays at Whitsun and of two displays later in the summer at Ashlyns School "open day".

Ware Home Safety Committee displayed our "Garden Safety" with considerable success at a local flower show and also borrowed exhibits on other occasions during the year.

R.O.S.P.A.'s large electrical quiz unit was loaned to us for twelve months and, in addition to exhibitions, it was utilized at twelve County Welfare Centres during the year.

Bushey District Council displayed exhibition material supplied from this centre during August Bank Holiday.

On four occasions exhibits were loaned to various organizations, e.g. Old People's Club, Church bazaars, and Red Cross.

In October at R.O.S.P.A.'s invitation, three displays were shown at their National Home Safety Conference in London: "Careless Lodge", "Garden Safety", and "Holiday Safety". Our efforts were well rewarded in the general interest aroused amongst representatives of other local authorities, followed by inquiries and requests for loans outside our County.

Exhibition for the Physically Handicapped.

In October assistance was given to the Nursing Section with an exhibition displaying aids for physically handicapped patients, staged in the lecture room at the Health Education Centre. Material was not merely arranged for inspection during the week, but aids were demonstrated by nursing officers. This exhibition was seen by 300 visitors, including nurses, health visitors, members of voluntary organizations, patients, and their relatives.

Other Display Materials.

During the Watford and St. Albans campaign week in June, as part of this Section's contribution, two exhibitions were arranged on smoking and health. Posters submitted for the national competition sponsored jointly by the *Family Doctor* and the Central Council for Health Education were on loan to us, and arranged by the Section (seventy designs in all) at the Watford College of Technology and later at the Town Hall, St. Albans.

In Hemel Hempstead, help was given with Warners End Community Centre's display and lecture week ; material on smoking and health was supplied for this occasion. Later, display material was supplied on the "Care of Feet" aiming at teenagers, this material was displayed by the health visitors at various schools.

VISUAL AND PUBLICITY MATERIAL SERVICE.

During the year, over 2,000 posters and 50,000 leaflets were distributed, and two new publications were issued, viz.,

(1) "Food for Thought and Babies"—a new diet sheet revised by a panel of assistant medical officers and health visitors ; and

(2) A "Home Safety Handbook" which has been in great demand by committees in this County.

This considerable growth in the field of health education has meant a marked increase in the equipment required in the divisions, including film-strip and slide projectors, portable screens, portable flannelgraph boards, and record players. Major equipment such as film projectors, exhibition material, together with a central library of publicity material, is kept at the central headquarters.

TUBERCULOSIS.

During the year, the number of new notifications of tuberculosis declined—particularly amongst the males, but it is evident from the reports of chest physicians that this disease is still of consequence and to suggest otherwise is premature. It is inevitable that immigration into the County should include a proportion of the sick and handicapped, and the number of patients suffering from tuberculosis transferring to Chest Clinics in this County almost equalled the number of new notifications (238 and 288).

Although the advent of new forms of chemotherapy has shortened the treatment and reduced materially the social consequences of this disease, the need for tuberculosis visitors and social workers still exists. Compared with the previous year, the number of home visits by these workers increased, but this could be attributed to an improvement in the staffing position rather than a real increase in demand.

TABLE 30.

NOTIFICATIONS OF PULMONARY AND NON-PULMONARY TUBERCULOSIS.

	1961				1962				1963			
	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000
	M	F	Total		M	F	Total		M	F	Total	
<i>Pulmonary.</i>												
Urban . . .	153	64	217	0·37	132	80	212	0·35	99	80	179	0·29
Rural . . .	57	32	89	0·36	44	32	76	0·3	46	19	65	0·25
County . . .	210	96	306	0·37	176	112	288	0·34	145	99	244	0·28
<i>Non-Pulmonary.</i>												
Urban . . .	15	15	30	0·05	13	23	36	0·06	15	16	31	0·05
Rural . . .	6	10	16	0·06	4	10	14	0·06	5	8	13	0·05
County . . .	21	25	46	0·05	17	33	50	0·06	20	24	44	0·05
<i>Pulmonary and Non-Pulmonary.</i>												
Urban . . .	168	79	247	0·42	145	103	248	0·41	114	96	210	0·34
Rural . . .	63	42	105	0·42	48	42	90	0·36	51	27	78	0·31
County . . .	231	121	352	0·42	193	145	338	0·39	165	123	288	0·33

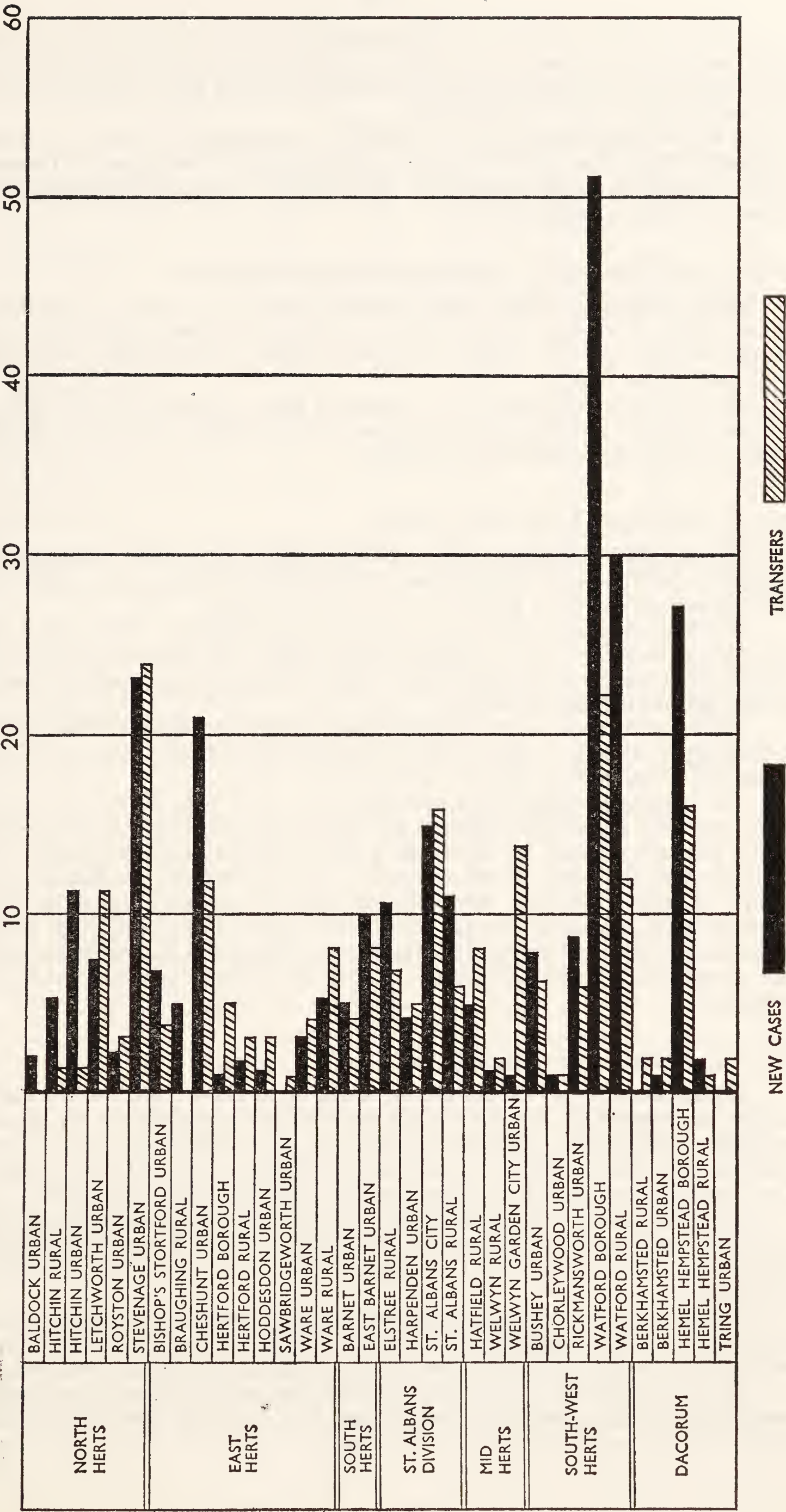
REPORTS OF CHEST PHYSICIANS.

Dr. P. W. Roe, South-West Herts Division.

A study of the tuberculosis notifications during the past seven years shows that a great deal of this disease remains in this industrial centre as compared with more favoured areas. From 176 new notifications in 1957, there is a decline to 102 new notifications in 1963, with 1960 showing as the best year with ninety-two new notifications.

An index of the degree of infection among these cases may be gauged from a review of the number of positive sputum cases among these notifications. In 1957 there were fifty-four (31 per cent) sputum positive cases going up to a peak in 1959 with seventy-three (48 per cent) sputum positive cases and going down in 1963 to forty-four (43 per cent) positive sputum cases.

TABLE 31.—TUBERCULOSIS, 1963.



The year ended with four tuberculosis health visitors in post and this means that the visiting of patients and tracing of contacts can go forward satisfactorily. The visiting staff available can now be expected to deal fully with all the problems with which they are confronted.

A second consultant physician is likely to be appointed in 1964. It should be possible during the next few years to make substantial reductions in the number of new cases of tuberculosis if the improved medical and nursing staff situation can be maintained.

Dr. T. A. W. Edwards, St. Albans and Mid-Herts Divisions.

1963 produced the lowest number of new cases so far recorded at the Clinic—twenty-three (excluding transfers-in and patients in Mental Hospitals), and several of these were very slight cases, who formerly would merely have been kept under observation.

No schools or institutions were examined and examination of 265 contacts did not result in the discovery of any new cases, probably because of the low level of infectivity of most of the patients.

Dr. N. MacDonald, North Herts Division.

During 1963 forty-three new cases of tuberculosis were added to the Register—twenty-one at Hitchin and twenty-two at Stevenage. Eight were non-pulmonary (seven at Hitchin and one at Stevenage).

The total number of tuberculous patients on the Register at the end of 1963 was 648, an increase of five as compared with 1962. The figures for Hitchin are falling, and those for Stevenage rising owing to the growth in population, not to any significant increase in disease.

Total attendances have increased from 7,685 in 1962 to 7,990 in 1963 (excluding X-ray only). Again there is a fall at Hitchin from 5,093 to 4,932, and a rise at Stevenage from 2,592 to 3,058.

The number of notifications has varied very little over the past few years. There are very few really infectious cases left in the district and the infection rate is low, as evidenced by tuberculin tests on thirteen-year old children. The main work of the Clinic is now directed to non-tuberculous conditions, particularly chronic bronchitis, carcinoma of the lung and asthma, all of which continue to be serious problems. The British Tuberculosis Association trial to ascertain the value of hypnosis in asthma is continuing and an investigation into the prevalence of aspergillosis in treated tuberculous patients is due to commence.

Dr. J. C. Roberts, Dacorum Division.

In the second year of the Hemel Hempstead Chest Clinic as a separate entity the liaison with the Mass Radiography Unit has proved very helpful to patients and to general practitioners and many new patients have been referred to the Chest Clinic as a result. It has had the advantage also of taking a load off the already overworked X-ray Department at the West Herts Hospital.

One school teacher was found to have active tuberculosis and eight children in contact were found to have positive Mantoux reactions. Prophylactic chemotherapy was given and no child developed any clinical or radiological evidence of disease.

There has been a gratifying increase in the number of non-tuberculous patients both adult and children referred to the Clinic for advice and treatment, whereas the number of patients on the Tuberculosis Register has declined.

The usual limitations in the X-ray Department and the Pathological Department due to accommodation shortage and staff shortage prevent the Clinic facilities being used to the fullest advantage.

TABLE 32.
TUBERCULOSIS STATISTICS.

	Watford	Hemel Hempstead	St. Albans	Barnet	Hitchin	Stevenage
<i>New Patients.</i>						
Investigation for tuberculosis .	374	160	1,369	134	21	22
Contacts of tuberculous patients .	589	319	(incl. 265	275	168	168
Invest. for med. chest diseases .	213	244	contacts)	314	594	345
X-ray only	3,944	533	2,562	4,952	967	—
Total, new patients	5,091	1,256	3,931	5,675	1,750	535
Total, old patients	8,166	3,697	5,564	4,695	4,149	2,523
Totals	13,257	4,953	9,495	10,370	5,899	3,058
<i>New notifications—T.B. + . .</i>						
T.B. —	44	13	6	5	10	8
New respiratory cases	53	16	17	21	11	14
New non-respiratory cases . . .	97	24	23	20	14	21
Transfers into area	5	5	9	6	17	1
Deaths	57	34	54	22	19	23
Recovered	30	12	14	15	9	—
Transfers out of area	68	69	52	119	24	12
No. of patients on Register at 31st December, 1963	82	20	50	55	28	16
	1,944	708	1,162	802	384	264
<i>Patient Attendances.</i> (Excluding X-ray only.)						
Total	9,263	4,420	6,933	5,418	4,932	3,058
Tuberculous	8,554	3,686	Not	3,550	941	611
Medical chest	709	734	available	1,868	3,991	2,447

TUBERCULOSIS VISITORS.

At the end of 1963 the full establishment of twelve visitors were employed. The following tables show the work undertaken :—

TABLE 33.

<i>Division.</i>	<i>No. of Visitors.</i>	<i>Patients under Supervision.</i>		
		1961.	1962.	1963.
East	1	312	300	262
North	2	1,360	1,301	1,300
South	2	1,108	1,293	1,363
South-West	4}	2,711	2,762	{ 1,904
Dacorum	2}			
St. Albans and Mid-Herts . .	1	1,207	1,192	1,264

TABLE 34.

	1961		1962		1963	
	Attendances at Chest Clinics	Visits to Patients	Attendances at Chest Clinics	Visits to Patients	Attendances at Chest Clinics	Visits to Patients
Tuberculous Visi- tors	1,877	18,751	1,508	15,046	1,553	18,140
Health Visitors . .	34	255	60	255	75	72
Home Nurses . . .	—	7,613	—	7,011	—	4,853

The number of visits by these visitors has increased by 3,094 on the 1962 figures. In 1962 the number of health visitors was reduced owing to difficulties of recruitment, and consequently the number of home visits fell. The patients requiring home nursing fell by 2,158 which was due to a reduction in the number of notifications and, which, in turn, resulted in a reduction of patients receiving drugs by injection.

DIVERSIONAL THERAPY.

Although, in the County as a whole, the demands for diversional therapy lessened with the reduction in the number of those suffering from tuberculosis in the community, they still remained high in the South-West Division where a part-time occupational therapist worked in close association with the Chest Clinic and helped the patients in their homes.

Elsewhere, the authority continued to be indebted to the British Red Cross Society—and particularly to its member, the Honourable Barbara Gibbs, whose death, early in 1964, was a serious loss. She had given for over twenty years devoted voluntary service in this field, and became a friend in every sense of the word to the many households she visited.

RECUPERATIVE HOLIDAY SCHEME.

Persons recommended for convalescence but also requiring medical or nursing care are the responsibility of the hospital boards ; whereas those not in need of medical or nursing care who, after a recent illness or operation, would be likely to benefit by a period of two or three weeks in a holiday home, can be accepted within the County Council scheme. A number of handicapped persons have also been included in order to provide some brief respite for the families caring for their disabled relatives. Unfortunately there is such a scarcity of beds for severely handicapped persons that it is often impossible to get them away in time to permit a summer holiday for the relatives who have been giving them devoted care.

Recommendations for a recuperative holiday are received mainly from family doctors and from hospitals, and places are reserved for their patients in the Hertfordshire Home at St. Leonards—a home maintained by a voluntary committee in the County, or in other homes in the east and south-east.

Although the convalescence scheme is intended to complete the recovery of patients suffering from illness or operation, there is a tendency to refer aged and infirm persons who, to all intents and purposes, are in need of an annual holiday. In some instances, applications are made annually and, although this highlights a need, it is doubtful whether in all cases reference to the convalescence scheme is justified. Further consideration should be given to the problem of the aged living in their own homes and who require an annual holiday to enable them to continue living in the community.

As the following table shows, the bulk of applicants for a convalescent holiday were of pensionable age and, of the 334 applications, seventy-nine were not proceeded with for a variety of reasons, including failure to return the assessment form and cancellations by the applicants :—

TABLE 35.
AGES OF PATIENTS.

	0-1		2-5		6-15		16-45		46-65		66 +		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Accepted . .	—	—	6	—	—	—	13	56	43	101	37	78	99	235
Sent away . .	—	—	1	—	—	—	9	40	34	74	34	63	78	177

BY WHOM REFERRED.

Own Doctor	Hospital	Chest Clinic
314	39	8

CANCELLATIONS

Patient did not return assessment form	28
Cancelled due to illness of patient or member of family	11
Patient made other arrangements	11
*Cancelled by patient	18
Various other reasons	11
	<hr/>
	79
	<hr/>

* Of this group the reasons given for cancelling were varied :—

(1) Would not leave children. (2) Would not accept our vacancy as they wished to go away in the summer. (3) Health had improved sufficiently for holiday not to be required. (4) Health had deteriorated. Many gave no reason but just requested that application be cancelled.

MEDICAL EQUIPMENT LOAN SCHEME.

From its small beginnings, limited to the provision of a few items of nursing equipment supplied by district nurses or midwives or issued from various centres of the St. John Ambulance Brigade and the British Red Cross Society, this scheme has grown to become a means of giving a large measure of independence to many of the disabled in the community and of helping a considerable number of others to be looked after in their own homes. The members of these two organizations still run depots which are no longer limited to the supply of nursing equipment, but in addition issue a variety of aids for the handicapped, including wheel-chairs, commodes, hoists, special beds, and all manner of things which can be of use to households with illness or a severe disability among its members.

The scheme is now becoming so large that a central storage depot is an urgent requirement with a storekeeper in charge and additional transport facilities. Plans for the inclusion of a central store in the new office block at County Hall have been prepared ; but this will take time to complete, and in the meantime efforts are being made to obtain temporary storage facilities elsewhere.

CHIROPODY.

The chiropody scheme, first introduced in 1960, has continued to provide treatment either in the chiropodist's surgery, in clinics organized by the local authority or voluntary societies, or in the patient's own home. The service is limited to persons of pensionable age, to the physically handicapped and to expectant mothers. Those in receipt of National Assistance are provided with a free service. In the remaining cases, the local authority subsidizes the charges made by the chiropodist.

The annual expenditure on this service has risen continuously and shown no signs of stabilizing. In an attempt to control this growth and to keep within the estimated expenditure for the year, it was necessary to halt the number of new chiropodists taking up private practice in the County and who wished to take part in the scheme. At the same time, discussions began with representatives of chiropodists with a view to amending the scheme—primarily to ensure an equitable distribution of chiropody services over the County as a whole, and that those persons in greatest need and least able to provide for themselves received some degree of priority. Although these discussions had not been completed by the end of the year, it was clear that the chiropodists were more than willing to co-operate and welcomed the opportunity to comment on the suggested changes to the scheme. Depending on the outcome of these discussions, an amended scheme should be ready during 1964.

In the meantime, the scheme continues unchanged but, for the first time in recent years, the number of treatments given by private chiropodists in their surgeries declined. This is without a doubt due to the fact that a number of chiropodists in the north of the County ceased to be employed in the scheme and

for some time it was not found possible to replace them. The decrease in surgery treatments was affected by an increase in the number of treatments given in patients' homes. The number of treatments given by the only full-time chiropodist employed by the local authority remained at a uniform level; and, although attempts have been made to appoint further full-time chiropodists, the relative unattractiveness of the salary is a detriment to recruitment.

TABLE 36.

PRIVATE CHIROPODISTS.

<i>Treatments.</i>	1960.	1961.	1962.	1963.
In surgeries	19,890	25,540	26,655	20,500
At sessions (approximately)	5,082	5,300	6,664	9,203
Home visits	—	1,700	6,092	6,597

COUNTY COUNCIL CHIROPODISTS.

	1962.	1963.
Sessions	1,376	1,372
Home	571	649

MENTAL HEALTH.

As in previous reports, Dr. Torrie, the consultant psychiatrist to the County Council, contributes remarks which are most suitable to open this section of the Committee's activities.

"The building up of a Community Care Service in the mental health field presents many difficulties. The first one I have already mentioned in a previous report. The World Health Organization in its investigations into the training of medical students in mental health has discovered that the materialistic bias of physicians and surgeons has conditioned the student against teaching in the psycho-physical field. By the time they came to study mental health in the later years of the course, the teachers of psychiatry had to decondition them before their own teaching could begin. It is little wonder that there is much prejudice in medical and lay circles against psychiatry which is the basis of mental health teaching. Furthermore, the opinion is widespread that unless a patient has an organic or mechanical defect his symptoms are the product of his imagination. Most human beings seem to have a deep-seated fear of becoming mentally ill, of losing rational judgment and the power of responsible action. We do not acknowledge this fear readily even to ourselves and we become *resistant to those who remind us of it*. This goes somewhere towards explaining the fact that mental health continues to be the "Cinderella" of the Health Services, as a former Minister of Health reminded us. Local Authorities are reluctant to allocate a part of their income for this purpose. A few years ago there was published a list of what each authority spent per £1 of rates on their Mental Health Service and there was much disparity between the best and the worst.

The best way of winning support for this work is by producing good results. This in the field of community care depends on the quality and efficiency of the social workers in the mental health field. A social worker requires to have a mature personality and an ability to listen to patients with emotional problems. The main precipitating factor in mental illness is disturbance in inter-personal relationships and if the social worker is a good listener she can affect the relationship with the patient on which good case work is built.

In this County we have an excellent system whereby the social worker after having made a good relationship with the patient, does not suddenly assume the authoritarian role and effect compulsory removal to hospital, if there is any change in the patient's condition. These removals are effected by the former

Duly Authorized Officers, so for this reason our case workers in community care can build up a therapeutic relationship which is not in danger of being broken by a change of role. The technique or art of listening depends on time and on privacy. Sometimes our workers have a patient in their cars in order to have the privacy necessary. There remains an urgent need for interview rooms. These need not be large but can be small and intimate, and require the minimum of furniture ; two chairs and a desk. Larger rooms if suitable can be sub-divided with sound-proof walls. The expansion of our service depends very much on this. When this is achieved, regionalizing the work will then become possible.

Homes and Hostels.

The Mental Health Act lays down as one of the Local Authority's duties the provision of residential care of patients discharged from hospital. The relevant words are " for those no longer in need of nursing or medical care ". One Superintendent has said that 8 per cent of his patients could so be designated. This would imply that nearly one-tenth of the hospital population could be off-loaded into the Local Authority. The income spent on these in hospital which now comes from the taxpayer would, in future, have to come from the ratepayer. My own feeling is that unless there is some change in policy, this change should wait for a re-distribution of responsibility with appropriate financial provisions. Cases of a chronic nature with a poor prognosis should be the problem of hostels run and financed by the parent hospital. The patients likely to be well enough to become, in time, self-supporting members of the community should be the responsibility of the Local Authority and half-way hostels.

Mental Subnormality.

Recent work in this field has proved that, with encouragement and supervision, patients can be well enough to achieve simple manual tasks under supervision. This is possible in a period of full employment but if unemployment comes they will be the first to be paid off. There is need for hostels for subnormals who can live in a sheltered environment and go out to work and be self-supporting.

Training Activities.

When the Mental Health Act went on the Statute Book, I had published in a letter to the *Guardian* the comment that without the personnel and without the funds it was inadvisable to off-load on to Local Authorities what was previously the function of a hospital. Our authority had to start from scratch from a few social workers who were doing excellent work in the field of subnormality. The County wisely seconds staff for the year's training for the Mental Health Certificate which entitles them to become fully-trained psychiatric social workers. We now have six of these and a further two senior case workers who have had what is called the two-year generic case work training. This means that training schools make demands on us for giving time to instructing their pupils in field work. The result is that our case workers' time and interview rooms are in demand for work outside their routine, but this is a necessary contribution to the building up of mental health teams throughout the country.

During the year a Senior Medical Officer for Mental Health was appointed and the increasing administrative demands will make this appointment fully justified. The senior psychiatric social worker, Miss Elsie Thomas, has been of great value in building up our team and guiding this work. Her vast experience in the social work field and double training in almoning and mental health and her experience as a field tutor for university courses has been of immense value. The social workers in all divisions have undertaken increasing case loads with a devotion to duty for which I am grateful. I have conducted the weekly case conferences and have found that the results are in line with traditions of the best case work."

Building Programme.

During 1963 the Mental Health Service has steadily grown. Two new training centres were opened—one in an adapted hall with accommodation for up to 30 adult male subnormals in Hertford, and a purpose-built forty-five place Junior Training Centre at St. Margaretsbury, Stanstead Abbots. A lease was obtained on a second hall, to relieve overcrowding at the Watford Adult Training Centre, and at the end of the year the waiting list there had been cleared and the working conditions very much improved. The Authority's first hostel was opened in May at Beaconsfield Road, St. Albans, and provides accommodation for up to 17 employable subnormal adult males.

Work was progressing satisfactorily on three purpose-built training centres that will be opened in 1964, consisting of an eighty-place centre for adults at Hemel Hempstead and eighty-place junior training centres at St. Albans and Watford. The adaptation of Highfield House, Hemel Hempstead, for use as a hostel for adult employable subnormal females should be completed by September, 1964.

Negotiations for sites and preparation of plans are proceeding for a number of projects in the first years of the Authority's ten-year plan. Anticipated completion dates on these projects are as follows :

Training Centres.

June, 1965 . . .	Stevenage Adult Training Centre . . .	120 places
May, 1965 . . .	Welwyn Garden City Junior Training Centre . . .	80 „
September, 1965 . . .	Watford Adult Training Centre . . .	120 „
April, 1965 . . .	Hemel Hempstead Junior Training Centre Extension . . .	10-place Special Car Unit
April, 1966 . . .	Hoddesdon Adult Training Centre . . .	100 places
October, 1966 . . .	St. Albans Adult Training Centre . . .	100 „

Hostels.

April, 1966 . . .	Stevenage—Subnormal adults . . .	30 „
April, 1966 . . .	Bushey—Subnormal children . . .	30 „
October, 1966 . . .	Watford—Adult mentally ill . . .	30 „
October, 1966 . . .	St. Albans—Subnormal adults . . .	30 „
April, 1967 . . .	Welwyn Garden City—Mentally ill . . .	30 „

Staff.

The arrangements with the Welfare Department continued whereby the services of fifteen mental welfare officers were shared with the Health Department. These officers undertook all necessary actions for the compulsory admission to hospital of mentally ill patients. During the year the staff of mental welfare officers concentrating solely on social work in the community was increased from fourteen to seventeen whole-time whilst the number working part-time was reduced from three to one.

Of the officers newly appointed, one holds the Mental Health Certificate and one a Diploma in Social Science. One officer successfully completed the Mental Health Certificate Course at the University of Edinburgh, and returned to duty as a psychiatric social worker in October.

For the first few months, the post of assistant warden at Beaconsfield Road Hostel remained unfilled, and Mr. Harvey, one of the mental welfare officers, kindly volunteered to assist. The assistant warden took up duties in September.

The number of staff in training centres continues to increase, with the development of this service, and by the end of the year there were forty-two staff in post compared with thirty-three at the end of the previous year. There were six vacancies on the training centres establishment at the end of the year. Two of the staff of the junior training centres successfully completed the year's study for the Diploma for Teachers of the Mentally Handicapped, and two trainees from the centres were seconded to the courses which commenced in September. One was seconded for the year's course, and the other trainee has

been recommended to take the two-year course, introduced for the first time by the National Association for Mental Health.

The occupational therapy position remained unchanged. The therapist, appointed towards the end of 1961, regularly visited adult subnormals in the Dacorum, St. Albans, North, and Mid Herts Divisions.

In-Service Training.

Dr. Patterson, Medical Superintendent of Napsbury Hospital, continued the courses for health visitors, started there five years before and mention is made elsewhere in this report of the extension of training to district nurses.

Dr. Torrie held a regular weekly case-conference with the mental welfare officers, and at the beginning of the year completed a series of twelve lectures for those more recently appointed. Other courses and conferences were attended by the Senior Medical Officer, several by the Mental Welfare Officers and by a number of the staff of the training centres.

COMMUNITY CARE.

At the end of 1963, 1,384 cases were in community care. This number was made up of 1,057 subnormals and 327 mentally ill.

Statistics of the Mentally Subnormal.

During the year, 256 subnormal persons were added to the Authority's list of those in community care. These were referred from the following sources :—

General practitioners	5
Hospitals—	
On discharge from in-patient treatment	50
After or during out-patient treatment	31
Local Education Authority	84*
Police and Courts	7
Other sources	79
	<hr/>
	256
	<hr/>

* Of the eighty-four cases referred by the Local Education Authority, fifty-five were children found unsuitable for education at school and twenty-nine were school-leavers referred for community care after leaving school.

During the same period, visiting of 158 subnormal cases was discontinued for the following reasons :—

Supervision no longer considered necessary	53
Left County	41
Admitted to hospital	56
Died	8
	<hr/>
	158
	<hr/>

Statistics of the Mentally Ill.

Miss E. L. Thomas, Senior Psychiatric Social Worker, submits the following statistics and remarks on the work with the mentally ill.

“ New Referrals.

During the year there was a substantial increase in the volume of case work for the emotionally disturbed. This was reflected in a marked rise in the number

of new cases, these amounting to 321—compared with 201 in 1961 and 199 in 1962—which were referred as follows :—

From mental hospitals and psychiatric units	86
From psychiatric out-patient clinics	62
From general hospitals	14
From general practitioners	57
From Medical Officers and Divisional Medical Officers	11
Spontaneous—from patients and relatives	25
From other sources	66
	<hr/>
	321
	<hr/>

Total Numbers Helped.

In addition to the 321 new cases, 191 were brought forward from the previous year and fifteen closed cases were re-opened, making the total number of disturbed people helped 527, compared with 268 in 1961 and 371 in 1962.

Some are referred for a specific service because of a social history perhaps or for encouragement to accept treatment or emergency help in a sudden crisis. They may be seen intensively over a relatively short period and then left to their own resources until such time as they may seek further aid. It should not be supposed, however, that those needing longer help are necessarily chronic, for often it is quite the reverse and indicates that some learn to use a case-work relationship very constructively in working towards a long-term resolution of quite formidable problems.

Anything suggestive of indefinite supervision, when in fact there is no legal basis for this and it may be prejudicial to the self-determination of our clients, is avoided. In consequence the turnover of cases is quite large, and during the year 215 cases were closed leaving 312 cases current on December 31st.

The sizeable increase in these numbers denotes that in 1963 more mentally disturbed than mentally handicapped people were newly referred, although as most of the latter remain our concern for indeterminate periods, at the end of the year these outnumbered the others by more than three to one.

However, one has never wished such development to be at the expense of existing work for the subnormal nor do I think this has happened. On the contrary, the non-authoritarian approach, characteristic of case work and adhered to in the newer service has been, so far as is practicable, increasingly extended to the visiting of the mentally handicapped and their families, thus reflecting the more enlightened attitude towards the simple minded, which found its expression in the Mental Health Act of 1959.

I am satisfied that the standard of case work in the Mental Health Section continues to improve and this is evident when difficult cases are presented to Dr. Torrie or are brought for individual consultation. This increased skill has been brought about both by attracting professionally trained social workers to our staff, and through our schemes for in-service training and discussion groups in which all participate. From being a small number of variously equipped and sometimes gifted individuals we have slowly become a group acknowledging the same profession and as such under an obligation to pool our strengths and expertise.

Staffing.

Including myself, we started 1963 with seventeen workers in the field and ended the year with eighteen, but there were more staff changes than this bare statement suggests. Within that period we lost a half-time worker on marriage, one left to have a baby and a third went off, unsponsored, to do a Younghusband Course. On the credit side, Miss Duxbury returned from compassionate leave in January ; in March we appointed Miss Eshelby, who holds a Social Science Diploma ; while in the autumn Miss West returned with her Edinburgh Mental

Health Certificate and we acquired Miss Walkley, a newly trained psychiatric social worker from the Manchester Course. Therefore, although our increase in staff was modest, there was a marked improvement in the quality of their training.

Mr. Lingham continued, and Mrs. Wright started, to study for the external Diploma of Social Studies which is the hard way of getting the necessary prerequisite for a professional case work course. As for Mrs. Witter, she indomitably pursued for the third year the Course in Human Relations organized by Middlesex Mental Welfare Officers in conjunction with the Tavistock Clinic.

Each new entrant and any unqualified members of the staff are encouraged to seek the training most appropriate for them, so that all may feel that although on different rungs we are assuredly all on the same professional ladder.

Distribution of Cases.

Relative developments in the divisions and the deployment of our social workers are both reflected in the following table of new and all cases in each area

The divisions are listed in order of population and comparative figures for 1962 are given in brackets.

	No. of Workers.	New Cases.	All Cases.
South-West Herts	3	73 (46)	120 (74)
East Herts	3	98 (56)	150 (93)
St. Albans	2	32 (21)	41 (47)
North Herts	3	45 (15)	64 (24)
Dacorum	2	22 (27)	56 (62)
South Herts, including Boreham Wood .	2	27 (16)	47 (34)
Mid Herts	2	24 (18)	49 (37)
Totals		<u>321 (199)</u>	<u>527 (371)</u>

I should like to comment on this bare analysis.

South-West Herts.

This is not only the most populous, but also the area where the closest integration between hospital and community service exists. Nor is this surprising, because Leavesden has long been the source of guidance and help to the mental welfare officers and Napsbury has furthered all our efforts in the newer field, providing in-service training, rooms for our meetings and canteen facilities and welcoming the local workers to ward conferences. Our debt to Dr. Patterson is very great.

For years Mr. Bushell has worked indefatigably to promote the welfare of his charges and in building up good relationships with the general practitioners, and since Miss Keenleyside joined the staff in 1962 the case work has been greatly extended and strengthened. There have, however, been frequent changes in the third worker, and in March Mrs. Hirsch was replaced by Mrs. Reed, who also may well leave the Division soon, as she hopes to be accepted for a Younghusband Course. There has long been need for, but no space to put, a fourth worker, and more use could profitably be made of Miss Keenleyside's experience in supervision were she not so cramped. As it is, in addition to acting as a case work consultant to two members of our staff, she has been able to take just one student from the Institute of Social Work.

East Herts.

Since Severalls replaced Claybury as the mental hospital serving this large catchment area, we have not been able to keep pace with the demands for our ancillary help from the twenty-bedded unit at the Herts and Essex Hospital.

Fifty-four cases were accepted from the source, plus at least eleven of those shown as being referred from out-patient clinics.

When the County Council first agreed with the Regional Hospital Board to help initially with the social work, I think it was never anticipated that the unit would become virtually an all-purpose centre with an enormous turnover and a large attendance of day patients, or that their staff would be so small relatively to the volume of work attempted. One appreciates the difficulties of the unit in these circumstances and can only hope that they will speedily acquire their own social worker who would be on the spot to deal with day to day emergencies as they arise, and with whom we would be happy to share the subsequent case work.

Although this has been a very busy year in the East Division, recent developments have not been wholly advantageous. It was with real regret that we finally severed our connexions with Claybury, with whose social work department we had a particularly good contact. Not only is Severalls more inaccessible, but their social workers function independently of each other, which makes liaison and co-operation more difficult.

There are now three mental welfare officers in this area, Miss Watson and Miss West, both trained psychiatric social workers, and Mrs. Wright, who hopes to qualify eventually. Another worker is badly needed if we are to help optimally with the present volume of work, and a fifth might well be needed if we were to give as much help to the general practitioners as is offered in other areas.

St. Albans.

Miss Peace continues to work solely with the subnormal, so that the figures given for St. Albans are Miss Duxbury's alone. It will be recalled that Miss Duxbury went on compassionate leave in June, 1962, when inevitably, practically all the case work with the mentally ill had to be terminated. She returned to us in January this year and it is gratifying that since then the momentum of the work in that area has more than recovered.

Like Dacorum, Mid-Herts and East Barnet, St. Albans is served by Hill End Hospital, which runs its own hospital based community service, and as a result referred only one ex-patient to us during the year. However, useful contacts exist with the hospital consultants who staff the out-patient clinics, so there is rather more liaison than this stark figure suggests.

These two workers hope to move from their shared room in the Hostel to a suite of rooms in Bleak House next year. In the meantime, Miss Duxbury has supervised just one student from an Applied Social Studies Course, and also acts as a case work consultant to one of our own staff.

North Herts.

Interesting things are happening in this previously under-developed area. Negligible case work for the mentally ill could be attempted until Mr. Page joined Miss Morris in this lively Division in September, 1962, and this autumn they were strengthened by the arrival of Miss Walkley. This was just in time to meet the challenge presented by Dr. Mallet's appointment as Consultant Psychiatrist for the area. He has shown himself anxious to utilize our community services to the full and is also ready to give us advice about difficult cases who are otherwise referred. At the moment our mental welfare officers meet him each week for this two-way exchange.

During the year Mr. Page had one student from the Institute of Social Work, and now that the Stevenage Technical College has started an extra-mural course for the Diploma of Social Studies we are likely to be asked for help with the practical placement for students.

Dacorum.

Alone amongst the Divisions, the case work for the mentally ill in Dacorum has declined. As with the other areas served by Hill End, there are little or no

referrals from that source.

Miss Rendle has been unfortunate in her staff changes during the year. Miss Ascher left to get married, and in the autumn Miss Penrose went off to do the Younghusband Course, whereupon Mr. Harvey was transferred from East Herts to help her.

South Herts including Boreham Wood.

Steady work with very good contact with a few general practitioners and other social agencies continues to be done in South Herts, which, alas, we are to lose all too soon. Since March Miss Calladine has been helped by Miss Eshelby and their redeployment when the new London Borough of Barnet takes effect will constitute no problem.

Mid Herts.

Mrs. Witter and Mr. Lingham continue to cover this area between them. Both are hard pressed with Mrs. Witter on a day release course, and Mr. Lingham attending classes in London two nights a week in addition to much evening visiting of his sub-normal working boys.

Although the smallest, I regard this as a key area for the future. Hitherto, largely because Hill End runs its own "fifth echelon" for discharged patients this partially displaces the general practitioners, who might otherwise seek our help with the after-care, the development of our community service has been sluggish. But the opening of the projected 100 bedded psychiatric unit at the Queen Elizabeth Hospital could alter this situation overnight. I am therefore very glad that a fine suite of offices is already earmarked for us in the plans for the new Health Centre in Welwyn Garden City, for this could become a focal point for the better integration of hospital and Local Authority resources. Situated in the centre of the County, it would also be ideal for staff meetings, and in-service training."

TRAINING CENTRES.

At the end of the year, 393 persons were in daily attendance at the Authority's centres or at training departments in mental hospitals or mental nursing homes, under arrangements made by the County Council—an increase of sixty-nine on the number at the same time last year.

The numbers attending the various establishments are given in the following table :

<i>Centre.</i>	<i>Under 16 years.</i>		<i>16 years and over</i>		<i>Total.</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
<i>L.H.A. Centres.</i>					
Barnet Junior	14	11	1	3	29
Hemel Hempstead Junior	11	11	20	9	51
Hertford Adult Female	—	—	—	31	31
Hertford Adult Male	—	—	24	—	24
Hitchin Junior	22	21	9	8	60
St. Margaretsbury Junior	17	19	—	1	37
Watford Junior	25	19	1	1	46
Watford Adult	1	—	22	25	48
Welwyn Garden City Junior	11	15	—	—	26
<i>Hospitals.</i>					
Cell Barnes	13	9	5	3	30
<i>Mental Nursing Homes.</i>					
St. Francis School, Buntingford	5	—	—	—	5
St. Raphael's, Barvin Park	—	—	6	—	6
Totals	119	105	88	81	393

The increase in the number in attendance was mainly due to the release of Christchurch Hall for use as an adult male training centre : this was opened in June, following transfer of the Hertford Junior Training Centre to the purpose-built centre at St. Margaretsbury, Stanstead Abbots. The other factor, the leasing of a second hall, permitted an increased number at the Watford Adult Centre.

The arrangements, approved by the Committee in 1961, for boys from the Buntingford area to attend for daily training at St. Francis School, Buntingford, have been continued, and at the end of the year, five boys were attending there, thus avoiding the necessity for them to travel 12 miles to Stanstead Abbots daily.

There were 39 cases at the end of the year (nineteen "special care", five junior and fifteen adult) waiting for places in training centres. Of the nineteen awaiting places in special care units, one has been offered a vacancy to commence at St. Margaretsbury at the beginning of the spring term, 1964 : it will not be possible to admit the remaining cases until the new purpose-built centres at Watford, St. Albans, and Welwyn Garden City come into use. The five awaiting attendance at junior training centres were all offered vacancies in January, 1964, and also three of the fifteen cases awaiting attendance at adult centres. Of the remaining twelve for adult centres, eight from St. Albans and Dacorum Divisions will be offered vacancies at the new Hemel Hempstead Adult Training Centre when this comes into use, towards the middle of 1964. The remaining four cases are females living in the Barnet area, where adult training centre facilities are not planned by Hertfordshire, and at present the Middlesex authorities are unable to offer vacancies in one of their centres.

Forty-two cases were discharged from the training centres during 1963, for the following reasons :—

Left County	10
Readmitted to educational system	3
Admitted to hospital or residential accommodation	15
Left to employment	2
Unsuitable—ill-health, behaviour or irregular attendance	12
	—
	42
	—

Home Training.

At the end of the year, eighteen mentally disordered persons (sixteen sub-normal and two mentally ill) were receiving regular visits from the Occupational Therapist, and one child was receiving special individual tuition by a Rudolf Steiner trained teacher, for which the Local Health Authority continued to be responsible, pending the opening of a special care unit which the child could attend for daily training.

During the year, occupational therapy was discontinued in nine cases for the following reasons :—

Admitted to adult training centres	5
Commenced employment	1
Left County	1
Unsuitable	2

RESIDENTIAL ACCOMMODATION—LONG TERM.

During the year, a total of sixty-one cases was maintained by the Authority in residential homes or hostels (eighteen mentally ill and forty-three mentally subnormal). At the end of the year, forty-three cases (8 mentally ill and thirty-five mentally sub-normal) were still maintained in this accommodation, including nine men at the Authority's new hostel for subnormal working males in St. Albans.

In addition, one mentally subnormal child and eleven mentally subnormal

adults were boarded in private households, including six through the Guardianship Society. At the end of the year, the Authority was still contributing towards the cost of boarding and other expenses for the eleven adults.

The following table shows the reasons for the discharge of nineteen cases from residential accommodation during the year

<i>Mentally Ill.</i>	<i>Mentally Subnormal.</i>	
1	—	Left County
1	2	Transferred to hospital.
—	2	Discharged to community care.
7	3	To employment.
1	—	To attend rehabilitation course.
—	1	Unco-operative.
—	1	Died.
—	—	
10	9	
—	—	

Of the mentally subnormal cases maintained in residential accommodation, five were children, placed by the Authority in lieu of permanent hospital care, no hospitals beds being available for them at the time. By the end of the year, two of these children had been transferred to hospital, the remaining three were still awaiting admission. At the end of the year, seven adults (three mentally ill and four mentally subnormal) were awaiting admission to residential homes or hostels.

The increasing number of mentally disordered persons assisted by the County Council in residential homes, hostels, and private households since the Mental Health Act came into operation is shown by the following comparative figures which are inclusive of all categories :—

At the end of 1961	.	.	.	21
At the end of 1962	.	.	.	32
At the end of 1963	.	.	.	54

SOCIAL CLUBS.

Fourteen clubs for mentally disordered persons were meeting regularly in the County by the end of the year. Details of these are given in the following table :—

<i>Club.</i>	<i>Responsible body.</i>	<i>Category.</i>
Corner Club, Watford . . .	Herts County Council . . .	Adult mentally ill (both sexes).
Tuesday Club, Watford . . .	Herts County Council . . .	Adult subnormal males.
Stepping Stones Club, Watford.	Watford Society for Mentally Handicapped Children.	Subnormals of all ages (both sexes).
Saturday Club, Stevenage . . .	Stevenage and District Society for Mentally Handicapped Children.	Subnormals of all ages (both sexes).
Sunshine Club, Hertford . . .	Hertford Society for Mentally Handicapped Children.	Adult subnormal females.
Hemel Hempstead Training Centre Club.	The Lions International Club.	Subnormals of all ages (both sexes).
Subnormal Males Club, Hatfield.	Parish Youth Service in collaboration with Hatfield Society for Mentally Handicapped Children.	Adult subnormal males.
Tuesday Club, Welwyn Garden City.	The Tuesday Club . . .	Adult mentally ill (both sexes).
“ The Link ” Social Club, Boreham Wood.	H.C.C. in collaboration with Hill End Hospital.	Adult mentally ill (both sexes).
Pemberton Club, St. Albans . .	St. Albans Social Club for the Handicapped.	Adult—physically handicapped and subnormal (both sexes).
Roe Hill House Nursery-Minding Group, Hatfield,	Hatfield Society for the Welfare of the Mentally Handicapped	Subnormal children (both sexes).

<i>Club.</i>	<i>Responsible body.</i>	<i>Category.</i>
"The Link" Social Club, East Barnet.	H.C.C. in collaboration with Hill End Hospital.	Adult mentally ill (both sexes).
The Cedars Club, Turnford	East Herts Association for Mental Health.	Adult mentally ill (both sexes).
Barnet Social Club for the Mentally Handicapped.	Barnet Society for the Mentally Handicapped.	Adult and adolescent mentally subnormal (both sexes).

Grants by the County Council were made towards the cost of transporting members to the Tuesday Club, Welwyn Garden City, and the Sunshine Club in Hertford, and grants towards general running expenses were made to the Cedars Club, Turnford, the Saturday Club, Stevenage, and Roe Hill House Nursery Group, Hatfield.

"The Link" Social Clubs at Boreham Wood and East Barnet are run in collaboration with Hill End Hospital. In addition to providing accommodation for the clubs, the County Council has accepted responsibility for the payment of the occupational therapist from the Hospital whilst engaged in the organization and running of these clubs.

Mrs. E. Cherry, Social Therapist in charge of the Corner Club, Watford, reporting on the year's work, states :—

"There have been two important changes in the Watford Club this year. In May we moved our premises from the Oddfellows Hall to the Day Hospital. At the time most members were in agreement that the move was a good one, but latterly questions have been raised as to whether or not it is too far from the town for club meetings, and, as it involves some members in quite substantial bus fares which they cannot really afford, whether this is an even greater deterrent. It has, however, been agreed to wait a little longer before making a final decision to return to the centre of the town.

The second change has been the withdrawal of the club doctor. It has always been the practice to have a doctor in attendance at the club, as the meetings are a form of treatment, but recently it has been decided that it is not necessary for the doctor to be there, and to run the club without him/her. This has been done merely as an experiment to see if the atmosphere of the club changes or indeed, its purpose.

Apart from these two things the club has continued as usual, with a weekly attendance of about twenty-five, and the customary social activities."

The Mental Welfare Officers refer to the work done by social clubs, and the following extracts have been taken from their reports :—

Mr. Bushell (S.W. Herts)—Tuesday Club for Adult Subnormal Males.

"The Tuesday Club now has a membership of forty-eight, and each Tuesday has a regular attendance of approximately twenty-five. During the year, the following activities have featured in the club programme :—

A practical demonstration of voting procedure.

A visit to the local Fire Station.

Summer outing for forty members to Littlehampton.

Games evening competition with mixed team from Penguin Youth Club.

'Gang Show' entertainment by two local scout troops.

'Magic' by a member of the Magic Circle.

Pre-Christmas visit to Olympia Circus by fifty-two members and friends.

New Year visit to Golders Green Hippodrome.

In addition, at the members' request, there was a Christmas party of seventy-eight members and friends, which culminated with carol singing."

Miss Peace (St. Albans Division)—Pemberton Club for Physically Handicapped and Mentally Subnormal Adults of both Sexes.

“ The Pemberton Club is doing an excellent job with the handicapped, and most of the adult subnormals in the St. Albans area enjoy going there each Wednesday evening. One subnormal girl, who cannot use public transport, is collected by car, and is returned home afterwards.”

Mr. Page (North Herts)—Saturday Club for Subnormals of All Ages.

“ The Stevenage and District Society for Mentally Handicapped Children continues to be very active, both in the Saturday Afternoon Club and the Sunday Morning Swimming Club during the summer. Parents are very grateful for this extremely good voluntary service.”

Mrs. J. E. Wright (East Herts).

The Cedars Club—for adult mentally ill of both sexes :—

“ We have now had a full year when the Psychiatric Social Club has been operating. Several of my clients find it the highlight of their month, and at least three have announced their intention of joining the group holiday planned for the coming season, giving them a valuable social aim and relieving holiday worries from their families.”

Sunshine Club, Hertford—for adult subnormal females :—

“ The Sunshine Club run by the parents continues to cater admirably for mentally subnormal females, and many families have been grateful for their holiday caravan, but there is still a great need for some kind of guided social activity for subnormal males. In fact, the greatest need seems to be with the E.S.N. school leavers of both sexes. The majority of the girls feel that the average members of the Sunshine Club are too backward for them, which is largely true, but both boys and girls are often still too immature for the normal youth club. A mixed club especially for these people would be a boon.”

ADMISSIONS TO HOSPITAL.

There was no change in the hospital admission arrangements during the year. East Herts cases continued to be admitted to the Psychiatric Unit attached to the Herts and Essex Hospital, Bishop's Stortford, and Severalls Hospital, Colchester, remained the main catchment hospital for mentally ill patients from this part of the County. There was no waiting list for the admission of the mentally ill to hospital. Waiting lists have continued to be maintained by the local health authority for mentally subnormal persons requiring hospital care, in order to advise the Regional Hospital Boards on the relative priority of cases when vacancies occur.

The waiting list at the end of the year was forty-two, compared with forty-one at the end of the previous year.

The following table shows the distribution of this waiting list at 31st December, 1963.

INSTITUTIONAL WAITING LIST AS AT 31st DECEMBER, 1963.

	Regional Hospital Board						Total
	N.W. Metropolitan		N.E. Metropolitan		East Anglian		
	Under 16 years	16 years and over	Under 16 years	16 years and over	Under 16 years	16 years and over	
Male . . .	16	4	3	1	1	—	25
Female . . .	14	—	3	—	—	—	17
	30	4	6	1	1	—	42

Fifty-six subnormal patients were admitted to hospital during 1963 (twenty-three children and thirty-three adults). Forty-three of these were admitted informally and thirteen were detained in hospital under the Mental Health Act (nine by order of the Courts and four on an application for admission for treatment). Arrangements were also made for seventy cases of subnormality to receive short term care. The age groups of these are given in the table below :—

SHORT-STAY CASES, 1963.

	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
To Hospitals	18	17	7	19	61
To residential accommodation	—	2	2	5	9

FORMAL ADMISSIONS.

Compulsory action is seldom necessary when dealing with persons suffering from subnormality and severe subnormality, and their admission to hospital is usually arranged on an informal basis. In thirteen cases, detention was arranged under the Mental Health Act, three on applications by mental welfare officers or relatives, nine by order of the Courts, and in one case an authority was signed by the Responsible Medical Officer for the transfer to hospital of a patient who had become unsuitable for guardianship.

The number of statutory actions for admission of mentally ill patients to psychiatric hospitals showed little change from the previous year, as will be seen from the following table, in which the 1962 figures are given in brackets :—

	Action by:—			
	Mental Welfare Officer.		Relative assisted by M.W.O.	
				Total.
(1) <i>Informal Patients direct to Hospital</i>	75	(78)	2 (—)	77 (78)
Hospitals are no longer required to notify Local Health Authorities of admissions. In all the cases shown, the Mental Welfare Officers were consulted, and the patients were subsequently admitted to hospital informally.				
(2) <i>Emergency Admissions—Section 29</i>	275	(251)	70 (88)	345 (339)
Under Section 29, in case of urgent necessity, patients may be detained up to 72 hours in hospital, on an application by either a Mental Welfare Officer or any relative : the application has to be supported by one medical certificate.				
(3) <i>Admission for Observation—Section 25</i>	112	(91)	9 (10)	121 (101)
Under Section 25, a patient may be detained for up to 28 days in hospital. The application has to be supported by two medical certificates—one given by a practitioner having special experience in the diagnosis or treatment of mental disorder. The application may be made for a patient in community care or one already in hospital, the latter including informal patients, emergency admissions under Section 29, informal patients made statutory for up to 72 hours by the Hospital Medical Officer (Section 30), or in places of safety (Section 135 or 136).				
The circumstances in which the 121 cases were dealt with under Section 25 during the year is given in the following table :—				

Action by:—
Relative
Mental assisted
Welfare by
Officer. M.W.O. Total.

(a) Direct to hospital	29	(25)
(b) Following informal admission	21	(19)
(c) Following detention (Section 29)	17	(21)
(d) Following detention (Section 30)	26	(19)
(e) Following detention (Section 136)	27	(17)
(f) Following detention (Section 135)	1	(—)
	<hr/>	<hr/>
	121	(101)

(4) *Admission for Treatment—Section 26* 52 (78) 16 (32) 68 (110)

Patients may be detained under Section 26 for an indefinite period, subject to the renewal of the authority at the intervals laid down in the Act.

The following table shows the circumstances in which patients were dealt with under Section 26 during the year:—

(a) Direct to hospital	16	(36)
(b) Following informal admission	16	(21)
(c) Following detention (Section 25)	20	(31)
(d) Following detention (Section 29)	11	(13)
(e) Following detention (Section 30)	3	(7)
(f) Following detention (Section 136)	2	(2)
	<hr/>	<hr/>
	68	(110)

(5) *Hospital Orders by Courts* 2 (3) — (2) 2 (5)

The Local Health Authority is not directly involved when persons before the Courts are dealt with under the Mental Health Act, though a Mental Welfare Officer may be ordered by a Court to convey a patient to a hospital named in a Court Order.

(6) *Other actions.*

(a) Warrant to search for and remove patients—Section 135	2	(3)	—	(—)	2	(3)
(b) Patients returned to hospital from leave	—	(6)	—	(—)	—	(6)
(c) Patients retaken when absent from hospital—Section 40	4	(7)	—	(—)	4	(7)

(7) *Consultations by Mental Welfare Officers, following which Patients not admitted to Hospital.*

(a) Informal	61	(56)	—	(—)	61	(56)
(b) Under Section 136	11	(9)	—	(—)	11	(9)

Section 136 permits a constable to remove to a place of safety a person who appears to be suffering from mental disorder and to be in immediate need of care and control. The person may be detained in the place of safety for up to 72 hours, to enable him to be seen by a Medical Practitioner and interviewed by a Mental Welfare Officer, with a view to any necessary arrangements being made for his treatment or care.

(8) *Application discontinued* 16 (16) 2 (2) 18 (18)

GUARDIANSHIP.

Guardianship does not confer extra powers to provide services, and its use is confined to the small group of cases where it is necessary to exercise powers of control, e.g. over the patient's place of residence and his everyday life. During the year, one patient became unsuitable for guardianship, and was transferred to detention in hospital, and in two cases guardianship was not renewed, following reports on the patients' satisfactory rehabilitation. Two new cases were made subject to guardianship of the County Council during the year—one

on transfer from hospital and one by order of the courts. There were six cases subject to guardianship (two males and four females) at the end of the year.

In addition to being visited regularly by the mental welfare officers, cases under guardianship are visited once a year by a medical officer having special experience in the diagnosis or treatment of mental disorder.

MENTAL NURSING HOMES AND RESIDENTIAL HOMES.

The County Council is the registration authority under the Mental Health Act for mental nursing homes and residential homes.

Details of the registration of mental nursing homes registered with the County Council are given below :—

<i>Home.</i>	<i>Maximum No. of patients to be accommodated.</i>
St. Raphael's, Barvin Park, Nr. Potters Bar.	30 males suffering from subnormality, aged 16 years or over. 46 males suffering from severe subnormality, aged under 16 years. 74 males suffering from severe subnormality, aged 16 years or over.
* St. Elizabeth's Home, Much Hadham.	30 females suffering from subnormality, aged 16 years or over. 78 females not suffering from mental disorder, aged 16 years or over.
St. Francis School, Buntingford.	50 males suffering from severe subnormality, aged 7–16 years.

* All patients at this Home are epileptics.

At all the above homes, mentally disordered persons may be detained under the Mental Health Act, 1959.

There are two residential homes registered by the County Council under the Mental Health Act. Details of the registration are given below :—

<i>Home.</i>	<i>Maximum No. of patients to be accommodated.</i>
104 Leicester Road, East Barnet.	10 children suffering from severe subnormality, aged 5–15 years.
2 Warwick Road, East Barnet.	11 children suffering from severe subnormality, aged 5–16 years, with the proviso that at least 5 of the children shall be under the age of 12 years.

Visits of inspection to mental nursing and residential homes are regularly paid by the Authority's officers.

At the end of the year, the County Council, as local health authority, was maintaining one case at St. Elizabeth's Home, Much Hadham, and four children at the two residential homes run by the Retarded Children's Aid Society, mentioned above, in East Barnet.

HOME NURSING.

On 31st December, 1963, there were 199 nurses employed on home nursing duties, representing an equivalent of 103·18 whole-time staff. Of the total number, eight were State Enrolled as opposed to State Registered Nurses.

Number of Staff Employed.

	1963.	1962.
Whole-time engaged solely on home nursing . . .	32	38
Part-time engaged solely on home nursing . . .	47	30
Home nursing and midwifery	89	89
Home nursing, midwifery, health visiting and school nursing	33	35

District Training.

In the year twenty-three trained nurses were accepted for district nurse training. Of these eighteen were placed at the Watford Training Home and five were placed at centres outside the County.

Student Training.

The nurses employed on general nursing duties and some of those working as nurses and midwives have continued to assist the General Nurse Training Schools in the County and those outside in the giving of practical experience for one to three days. The number of students accepted have been in the region of 150, drawn from seven hospitals.

The Divisional Nursing Officers have continued to assist the hospitals in the giving of lectures to general nurse students on social aspects of disease.

TABLE 37.
HOME NURSING.

	1959	1960	1961	1962	1963
Total cases	14,032	12,881	12,691	15,194	11,965
Total visits	270,404	262,179	275,473	268,151	275,599
Analysis of visits (per cent to total)—	%	%	%	%	%
Medical	80.58	79.65	79.57	79.5	79.94
Surgical	15.42	16.55	16.82	17.1	17.28
Infectious diseases	0.17	0.11	0.09	0.21	0.10
Tuberculosis	3.0	2.97	2.76	2.5	1.76
Maternal complications	0.25	0.20	0.29	0.31	0.30
Others	0.58	0.52	0.47	0.38	0.62
Visits to patients over 65 years of age	64.4	64.4	64.9	63.0	63.53
Visits to patients under 5 years of age	1.3	1.3	1.1	1.25	1.05

TABLE 38.
TYPE OF CASES AND VISITS PAID BY HOME NURSES.

	1963							1962
	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Totals	Totals
Cases .	8,870	2,078	7	109	126	775	11,965	15,194
Visits .	220,316	47,622	271	4,853	818	1,719	275,599	268,151

Refresher Courses.

Two nurses attended refresher courses during the year.

Mental Health.

The need has been noted for district nurses who carry out general nursing duties to have further knowledge on the psychological and behaviour aspects of the patients whom they attend. Nurses have in some instances been asked, and this may well gather impetus, to supervise the medicines and drugs prescribed for patients who have been discharged from psychiatric hospitals. For

this reason, and the fact that nurses often give other attention to these patients, it was considered that help should be given to the nurses on the mental health aspects of their work.

In 1963 arrangements were made with Dr. Patterson, Psychiatrist at Napsbury Hospital, for two groups of twelve district nurses to attend the hospital for two-hour sessions weekly for fourteen weeks. Not only did the nurses have the opportunity to discuss with a psychiatrist, but they were able to visit the various wards and departments of the hospital and to have conversation with staff and patients. It is intended that in 1964 other seminars will be arranged.

Night Nursing.

At the end of 1963 there were eight state enrolled nurses employed in this service. The total number of patients attended was ninety-seven, with a total of 584 nights with the nurses in attendance. The care to these patients has given much needed relief to the patients and their families. It has enabled patients to be nursed at home for longer than would have been possible without this help, further, a nurse has been supplied when possible as soon as the need became apparent. The service is limited to those patients referred by the district nurses who were in daily attendance, as it is essentially part of the district nursing service. It should be explained that these nurses work under the general direction of the district nurse whom they assist when not engaged on night duties.

District Nurse, Midwife/General Practitioner Liaison.

Consideration has been given to the possibility that district nurses and midwives should work with individual doctors in the care of their patients rather than have a specified area regardless of the general practitioner in attendance upon the patients. An opportunity arose in the latter part of the year, in an area where health visitors were all already attached more closely with the general practitioners, when they asked if this could be arranged also for the nurses and midwives. At the end of the year this arrangement had been in force for a few weeks and was working reasonably satisfactorily in the area of two general practitioner group practices. It would seem that this way of working for district nurses will probably show an increase in the coming year.

HOME HELP.

Following the resignation of Mrs. B. M. Campbell, Mrs. C. M. Webb was appointed County Home Help Organizer. She took up her duties with the County on 1st September.

Home Help Service—Charges.

The maximum charge for the services of a home help was increased to 4s. 3d. an hour on 27th May, 1963, and later in the year the national rates of pay for home helps was increased to 3s. 10⁷/₈d.

“ Good Neighbour ” Service.

This service is proving very helpful and is expanding steadily. At the end of the year there were forty-five “ good neighbour ” cases. The elderly people receiving help find this form of service most useful. The aged like the informality of the “ good neighbour ” service, the nearness of their helper and the flexibility of the hours. In the “ good neighbour ” scheme, the accent is on the service given rather than the time spent in the home.

A “ good neighbour ” can also be provided in certain circumstances to help in homes where the care of children is involved. This can be in addition to a

home help, to help fill in gaps where the provision of a home help was not possible or suitable.

Recruitment for this work depends entirely on local conditions existing at the time that a "good neighbour" is required, although in certain districts neighbours are rarely—if ever—willing to undertake this work. In such districts, cases of need would be provided with a home help.

Night Sitters-in Service.

The night sitters-in service was introduced as an adjunct to the night nursing service, the night sitters-in providing the attention at night to patients not in need of specific nursing care. This enables a more realistic use to be made of the nursing services, at the same time providing some temporary respite for families caring for infirm relatives. The use made of this service has been less than that of the night nursing service, and only one case was dealt with under this heading during the year. This scheme, which provides for a night sitter-in on not more than two occasions in any one week, is probably less in demand than the night nursing service because patients needing attention during the night are more likely to be in need of nursing rather than general care. It would also appear that, in cases where specific nursing is not required, relatives are less inclined to call in a stranger to sit with the patient.

In-service Training.

Once again, a full-time training course for home helps lasting one week was held at the Health Education Centre in Hatfield during May. The course was attended by home helps from all divisions of the County.

Report of the County Organizer.

With the continued expansion of the home help and "good neighbour" services and the prevailing accent on training, every effort is made to encourage home helps to adapt themselves to the social changes taking place around them.

Within the last few years, the whole conception of the home help service has altered and, to keep pace with these changes, home helps have had to learn new methods or adapt the old ones. They are becoming aware of the part they play in the Health Service—of being of a team along with the health visitor and social worker. In-service training courses and discussion groups making close contact with other members of the health staff are all proving of value; and, with the new outlook, the home help service—it is hoped—will be able to attract more recruits to what should become a more interesting and satisfying job.

The demands upon this service continued to grow during the year. The total of cases helped rose to 6,225 (287 more than in 1962), and the number of hours worked per week to 16,753 from 16,014. It is interesting to note that ten years ago the number of cases was 3,171, and the hours of help given per week 11,222.

Although the cases assisted have practically doubled during this period, the hours of help have only increased by 67 per cent. It says much for the ability of the various local organizers to spread the hours so efficiently among so many cases; but the difference probably reflects, too, the change in the type of case now making most calls upon the service. Unfortunately, the service is dependent on the availability of women willing to undertake this type of social service and, in a relatively affluent society with full employment, recruitment to the service is a difficult problem.

TABLE 39.

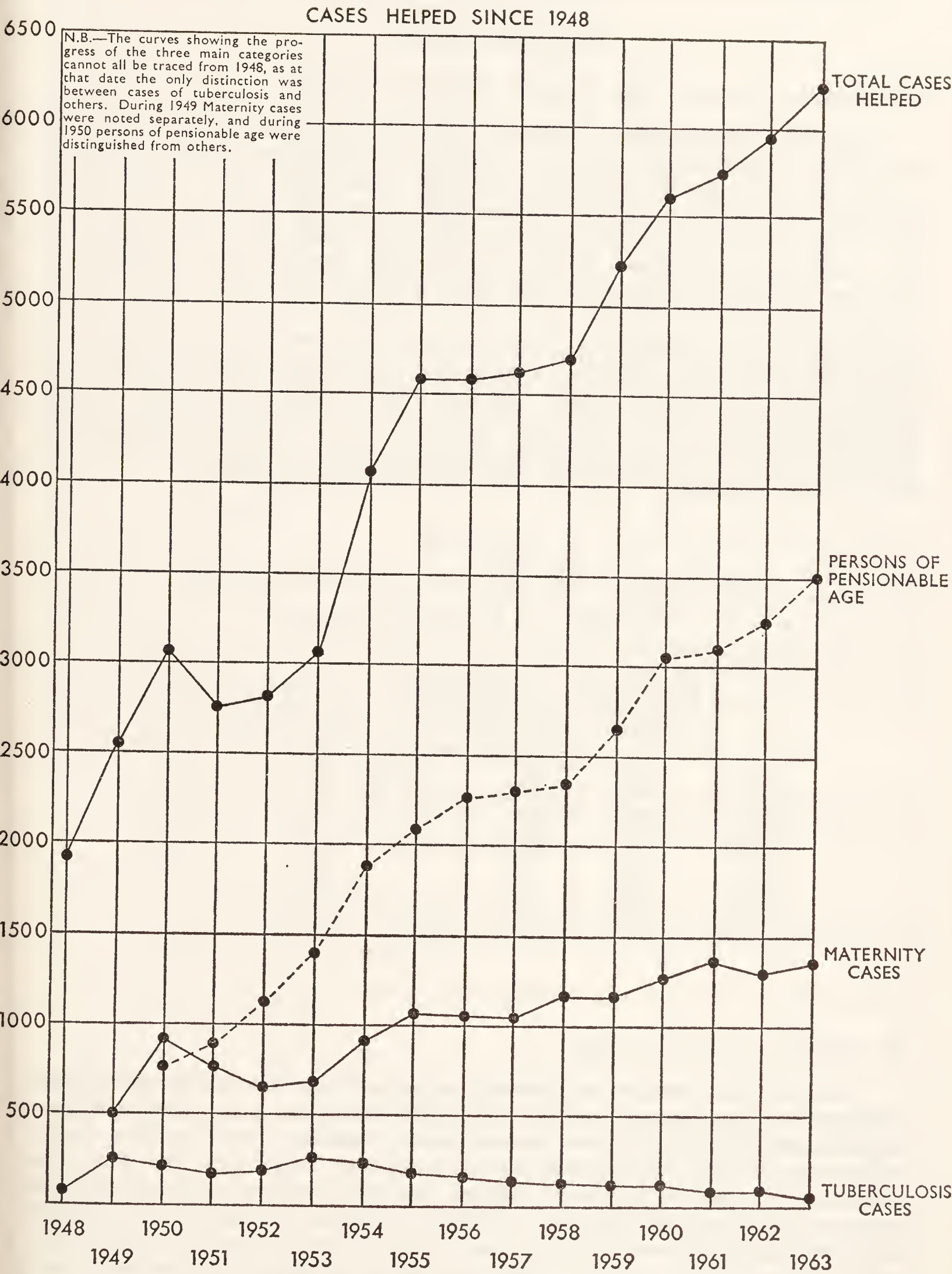
Cases helped during year	Cases current at :		Average weekly hours, Dec., 1962	Equiv- alent No. of full- time Home Helps	Average weekly hours, Dec., 1963	Equiv- alent No. of full- time Home Helps	No. of Organizers and Clerks					
							Dec., 1961			Dec., 1962		
	1.1.63	31.12.63					Full-time	Part-time	Equiv- alent full-time	Full-time	Part-time	Equiv- alent full-time
6,225	3,010	3,306	15,741	374·8	16,781	399·5	19	12	25·1	20	11	26

TABLE 40.

HOUSEHOLDS ATTENDED DURING 1963.

	Tuber- culosis	Chronic sick	Blind	Acute illness	Acci- dents	Miscel- laneous	Maternity and nursing mothers	Mental illness	Total
Persons of pen- sionable age	19	3,218	135	81	23	2	—	11	3,489
Other cases .	49	551	28	651	40	47	1,329	41	2,736
Totals . .	68	3,769	163	732	63	49	1,329	52	6,225

TABLE 41.



ENVIRONMENTAL HYGIENE AND SANITARY ADMINISTRATION.

This report deals with the work of the County Health Inspector.

MILK AND DAIRIES.

(a) *Sampling of Milk for the Detection of Tubercle Bacilli.*

In the last annual report I stressed the fact that as tuberculosis is becoming rare in dairy herds and the treatment of milk now widespread, there is no longer a need for twice yearly biological sampling from dairy farms. The yearly sampling programme was therefore instituted at the beginning of 1963 and as there were no positive tubercle samples during the year the results appear to have justified the decision. Table 42 summarizes the sampling results for the detection of tubercle bacilli since 1956 and can be viewed with great satisfaction. Credit for the near eradication of this disease must go to the Veterinary Officers of the Ministry of Agriculture, Fisheries and Food who have been responsible for running the herd eradication scheme and the routine tuberculin testing of all farm cattle. In some smaller measure, it is thought that our biological sampling programme will have assisted the Veterinary Officers in their work. For the time being it is proposed to continue yearly sampling from all farms and this view is supported by the Ministry's Veterinary Officers.

TABLE 42.
MILK SAMPLES FOR BIOLOGICAL TESTING FOR THE
PRESENCE OF TUBERCLE BACILLI.

Year	Total No. of Completed Tests	Non-designated			Tuberculin Tested		
		Neg.	Pos.	%	Neg.	Pos.	%
1956	1,016	329	9	2.66	677	1	0.15
1957	949	236	10	4.07	700	3	0.43
1958	1,065	222	2	0.90	841	—	—
1959	953	120	—	—	831	2	0.24
1960	915	49	—	—	865	1	0.12
1961	958	34	—	—	924	—	—
1962	800	22	—	—	778	—	—
1963	602	12	—	—	590	—	—

(b) *Brucella Infection in Milk.*

Our biological samples are tested for the presence of brucella organisms in addition to those of tuberculosis. Brucella organisms can cause contagious abortion among cattle and are responsible for undulant fever in man. In the table below (Table 43) I have shown the sampling results for *Brucella abortus* from the year 1953 onwards. It will be seen that between 1953 and 1962 the percentage of positives fell from 11.85 to 0.875 per cent and it was thought that the widespread use of S.19 inoculant, together with improved herd management, was resulting in a gradual reduction in the incidence of Brucellosis among dairy cattle. In 1963, however, the percentage of brucella positive milk rose to 6.3 and the situation became far from satisfactory. For several years it had been known that the Hertfordshire figures for brucella positive milk samples were particularly low and that in other parts of the country, anything up to 10 per cent of milk samples could be shown to be positive.

TABLE 43.
BRUCELLA ABORTUS.

Year	No. of samples	Positive	%
1953 .	1,189	126	11·85
1954 .	1,044	77	7·4
1955 .	924	48	5·2
1956 .	1,016	24	2·4
1957 .	949	27	2·8
1958 .	1,065	8	0·75
1959 .	950	7	0·74
1960 .	905	9	1·0
1961 .	958	17	1·8
1962 .	800	7	0·875
1963 .	602	38	6·3

As is the case with T.B. positive samples, on notification from the laboratory that a milk sample contains *Brucella abortus* organisms, we inform the District Medical Officer of Health and Divisional Veterinary Officer. The District Medical Officer has powers to stop the sale of milk or to divert it for heat treatment under the General Milk Regulations, but unlike the case of T.B. where the Divisional Veterinary Officer is empowered to order the slaughter of reactors, there is no comparable power to remove a brucella secreting animal from a dairy herd. The main effort so far made to stamp out brucellosis is the calfhood inoculation scheme subsidized by the Government using the attenuated Strain 19. A farmer who knows that there have been brucella positive milk samples associated with his herd, or who has experienced abortion among his dairy cattle, may have blood agglutination tests or milk tests carried out by his veterinary surgeon. There is no obligation on his part to do this however, and infected animals may be sold on the open market provided that no cow is sold before a period of two months has elapsed after an abortion.

The control of brucellosis is difficult because :—

- (i) no powers exist for the removal of an infected cow from the dairy herd and, subject to the two months limitation imposed by the Epizootic Abortion Order of 1922, infected animals can be sold in the open market ;
- (ii) it is apparent that the organism is excreted intermittently and biological or serological testing is not therefore entirely reliable in detecting an infected animal or animals ;
- (iii) there may still be a fairly high incidence of the disease amongst cattle in some counties.

It is fortunate that pasteurization of milk can remove the risk as far as man is concerned, and total heat treatment should be encouraged.

During the year, four cases of undulant fever occurred in a Hertfordshire town and these cases were discovered following blood testing at a local hospital when a particularly high titre was noticed. A common milk supply was discovered and this was from the farm of a producer/retailer where our own routine biological samples of the milk had failed to disclose the presence of brucella organisms probably due to intermittent excretions in the herd. Inquiries showed that there had been an abortion history in the herd, but that the farmer had taken all normal precautions and had called in a veterinary surgeon for advice. Biological samples were obtained and were found to be strongly positive and a number of animals were in fact found to be infected with brucellosis. The District Medical Officer imposed a Pasteurization Order and from then onwards all the milk from the farm was heat treated and subsequent sampling and

veterinary inquiries were directed at removing all infected cattle from the herd. This case emphasizes the need for liaison between the private Veterinary Officer and the District Medical Officer, as the latter could have acted immediately had he been made aware of an abortion history at the farm.

If the incidence of brucellosis is on the increase, it is time that a policy was worked out for its control. Herd eradication schemes may not be practicable owing to the high incidence of the disease, but at least more widespread use of the S.19 inoculant could be encouraged for it appears that many farmers have become complacent over the years and in spite of the encouragement given by the Ministry of Agriculture, Fisheries and Food, are no longer inoculating their young stock. There should also be some provision whereby private Veterinary Officers could notify the District Medical Officer in the event of the former suspecting that milk from any of the cows in a particular herd was likely to be infected, whether it be from brucellosis or any other infection carried by milk. At the present time there is a natural reluctance to do this as notification might be construed as a breach in faith between a veterinary surgeon and his private client.

(c) *Supervision of Pasteurizing Plants.*

The County Council, as Food and Drugs Authority, licences and supervises pasteurizing plants. One pasteurizing plant was licensed during the year. This was a plant for which a licence had formerly been held but when the farmer was found to have brucellosis in his herd following our biological sampling programme he immediately put his pasteurizing plant into action again. This was a temporary arrangement until all the milk could be sent to a central depot where heat treatment was carried out. Apart from the temporary licensing of this one small holder plant, there were six pasteurizing licences granted for holder plants in various parts of the County, and three licenses for plants where the high-temperature short-time method of pasteurization is carried out.

The high-temperature short-time plants subject milk to a pasteurizing temperature of not less than 161° F for a period of not less than 15 seconds while the batch holders heat and retain the milk at a temperature between 145° and 150° F for not less than 30 minutes. There are no sterilizing plants in the County. The following table shows the result of tests of pasteurized milk samples taken during the year.

TABLE 44.
PASTEURIZED MILK SAMPLES.

	Phosphatase Test			Methylene Blue Test		
	Pass	Fail	%	Pass	Fail	%
Holder . .	343	10	2.9	354	3	0.8
H.T.S.T. . .	160	—	—	159	10	6.3

The phosphatase test is indicative of the efficiency of heat treatment, while the methylene blue test indicates the amount of bacterial activity in the milk and is a guide to the keeping quality. It will be noted that in the case of holder plants, there were ten phosphatase failures out of a total of 343. Five of these failures occurred at one dairy however, and investigations subsequently showed that these may have been due to milk seeping past the plug valve in one of the holders into a common milk pipe line. Certain modifications to the plant are now being carried out which will prevent this occurrence. The methylene blue failure percentage for high-temperature short-time plant was also disappointing although there were no phosphatase failures from these plants during the year. All ten failures occurred from one dairy and these failures were interspersed between sixty-eight "passes". Many visits were paid to the dairy and extensive

inspections made of pipelines, plate heaters and other fittings where concretions of milk or inadequate cleansing might have resulted in an impairment of keeping quality. New cleansing techniques were introduced at the dairy, a new cold room was built and new treatment plant is now on order. Following the change in cleaning routine, results have greatly improved and it is now several months since a failure occurred.

(d) Supervision of Dairies.

Under the Milk (Special Designation) Regulations, 1960, the County Council as the Food and Drug Authority is responsible for licensing dairy premises ; 225 dairies are licenced of which 164 are shops. In addition, twelve vending machines are licenced in various parts of the County. Many of the shops sell only sterilized milk and it is not considered necessary to sample frequently. Of the 105 samples taken during the year, there were only two failures, one in a sample of pasteurized milk which failed the methylene blue test, and the other in a sample of sterilized milk which failed the turbidity test. In each case inquiries were made and further samples produced satisfactory results. The record of the vending machines was not quite as good and of the thirty-two samples taken, 3 failed the methylene blue test. Warnings were given to the operators of the vending machines, stressing the importance of regular inspection and replenishment of the contents. These machines are refrigerated, but nevertheless too much reliance must not be placed on this fact and these vending machines should preferably be replenished every twenty-four hours and unsold milk discarded.

(e) Milk in Schools Scheme.

In 1963 there was again a slight increase in the percentage of those children who drink milk at maintained schools. 78·85 per cent took milk at school whilst last year the figure was 78·80 per cent. Five hundred and three County schools are supplied with pasteurized milk. One school in the north of the County is still supplied with raw tuberculin tested milk. Of the non-maintained schools, 127 received pasteurized milk and one has a supply of raw tuberculin tested milk.

Most of the schools in the County receive milk from the large dealers who cover vast areas with their supply networks. For this reason, there has been a reduction in the overall number of samples taken as it is considered unnecessary to sample at individual schools, but rather that the individual sources of supply at various schools be covered by the scheme. During the year, 204 pasteurized milk samples were obtained and of these, two failed the phosphatase test while eight failed the methylene blue test. In addition, thirteen tuberculin tested milk samples were obtained and these all passed the methylene blue test satisfactorily.

Investigations were carried out in each case of sample failure and subsequent samples were satisfactory. Many of the dairies which supply milk to Hertfordshire schools are licensed by the County Council as the Food and Drugs Authority and it is possible to carry out direct investigations. In other cases, licensing authorities elsewhere were notified of the failures so that inquiries could be made.

In the case of the two schools supplied with raw tuberculin tested milk, frequent biological tests were carried out on the source of supply and the milk was found to be free from tubercle or brucella organisms.

SCHOOLS CANTEENS.

There are 470 school canteens in the County, and the percentage of children taking meals in school was 68·24, an increase over last year's figure of 65·74 per cent. The total number of meals taken per day was 89,241.

Canteens are visited regularly not only by the County supervisory staff but also by District Council Public Health Inspectors who have powers of entry

and inspection, and who require that the canteens comply with the standards laid down by the Food Hygiene Regulations.

In spite of the vast numbers of school meals served during the year, there was only one notified case of an outbreak of food poisoning. This occurred at a Junior Mixed Infants' School where, following the school lunch, thirteen members of the staff and seventy children showed minor symptoms of illness. The symptoms themselves were interesting and consisted of a tingling sensation with subsequent rash which subsided within the hour. The rash had a slightly purplish appearance.

Subsequent investigations showed that the most likely source of the condition was a hamburger meat dish. Fortunately it was possible to obtain three samples of the cooked hamburgers which had been left over from the meal, and the subsequent analysis showed that there was an excess of nicotinic and ascorbic acid. This was thought to be due to the addition of a proprietary product at the wholesaler's premises, the use of which was intended to improve the colour of the meat. The use of this product was quite legal, but it had been used in excess and the symptoms developed by those who had suffered illness were such as to indicate that this was so. The District Medical Officer took the matter up with the Ministry of Health and there was also a certain amount of publicity. As a result of this and of a previous outbreak of illness in another part of the country which had a similar origin, there was a joint announcement by the Ministry of Agriculture, Fisheries and Food, and the Ministry of Health on 20th December stating that it was proposed to make regulations under the Food and Drugs Act, 1955, to prohibit the addition of the following chemicals to raw or unprocessed meat: ascorbic acid, or any of its salts; erythorbic acid, or any of its salts; nicotinic acid, or any of its salts and nicotinamide. These regulations came into force on 23rd January, 1964.

SWIMMING BATHS.

There are sixty-three swimming baths in the County which are approved for the use of school children and one pool situated outside the County. During the year two pools which had formerly been used by school children were not available owing to repairs being carried out and in one case, there has been complete modernization. Four permanent pools were built during the year by Parent/Teacher Association effort and a temporary pool was provided by subscriptions. This latter pool, of wooden construction with a plastic bag lining, is equipped with a continuous flow circulation system, diatomaceous earth filter, and automatic chlorination by the injection of hypochlorite solution. There was also a covered swimming pool completed at a secondary modern school in Watford.

Of the four conventional Parent/Teacher Association pools completed in 1963, three are already equipped with modern continuous flow chlorination and filtration apparatus whilst in the case of the fourth pool "fill and empty" methods will be adopted for the time being, until it is possible to provide a modern treatment system.

Of the 867 samples taken from those pools using a continuous filtration system, sixteen were unsatisfactory owing to relatively high bacterial counts. This represents 1.8 per cent of the samples obtained. Of the "fill and empty" pools, fifty-nine samples were obtained and there were two failures, a percentage of 3.4. In the case of "fill and empty" pools, the water is treated by hand dosing with hypochlorite solution, and the water is only allowed to remain in the pool for between ten and fourteen days. It is then replaced with clean water and chlorination continues as before. Provided that chlorination is carried out regularly and conscientiously, and that frequent chlorine residual tests are applied, the results can be very satisfactory. The disadvantage of the system is that water is wasted which would normally be kept circulating and purified and, of importance as far as comfort to bathers is concerned, the replacement water is often very cold and even if the weather is favourable takes several

days to warm up to comfortable swimming temperatures. Two of the pools using "fill and empty" methods are to be equipped with continuous flow systems within the next year. Several pools have been provided with water heaters, thereby increasing the length of the swimming "season".

RURAL WATER SUPPLIES AND SEWERAGE SCHEMES.

During the year, two small water supply schemes were approved in rural areas in the County. Five village sewerage schemes were also considered for grant aid under the Rural Water Supplies and Sewerage Schemes Acts. These were at Sarratt, Potten End, Thorley Street, Weston, and Aldenham. The Sarratt scheme was considered in conjunction with a scheme already approved for sewerage Chipperfield in the neighbouring authority's area, and the possibility of a joint scheme was investigated. Owing to the fall of the land however it was decided that joining up the two schemes was impracticable owing to the need for extensive pumping arrangements. The Potten End scheme was merely an extension of a previous scheme already the subject of grant aid in order to bring in a developed area on the perimeter.

REFUSE DISPOSAL.

The deposit of refuse imported to one district from another is prohibited under Section 26 of the Hertfordshire County Council Act, 1935, unless consent is issued jointly by the County Council and the District Council in whose area the tipping takes place. These consents stipulate conditions under which refuse is to be tipped and enable operations to be controlled in such a way as to prevent nuisances arising. In addition, it is also necessary for private tippers to obtain the permission of the County Council and the District Council irrespective of whether the refuse is imported or not. This extension in control of tips was obtained under the Hertfordshire County Council Act, 1960.

During the year nine new consents were issued for the disposal of non-putrescible refuse in various gravel pits throughout the County and in addition, three consents were also issued permitting the disposal of putrescible waste. In two cases, however, these latter consents were modifications of existing consents for tips where non-putrescible licences had previously been in operation. In one additional case, a small extension of an existing tip was included in a licence and as this extension is near a built-up area, that portion of the tip near dwellings is to be filled with non-putrescible material while the remainder can receive house refuse.

During the year several deposits of mildly radio-active materials were tipped at three sites in the County. As from 1st December, 1963, the Ministry of Housing and Local Government became responsible for licensing the disposal of radio-active substances although local authorities continue to be consulted where their interests are involved. Towards the end of the year, it became apparent that private tippers were reluctant to accept responsibility for the disposal of radioactive waste unless the County Council, as the Licensing Authority, approved of such disposal. An arrangement was therefore made whereby we are consulted by the Ministry on all radioactive waste disposal problems where our licensed tips are affected and we carry out direct negotiations with the tippers. This involves some extra work but at least it has shown that the people who hold licences under the Hertfordshire County Council Act for the disposal of refuse, still look to the County Council for guidance in what they should or should not receive on their tips.

During the year 300 visits were made to refuse tips in the County.

DISPOSAL OF TOXIC WASTES.

Towards the end of the year, a local authority tip was closed as refilling had been completed. Over the years, a growing amount of factory waste had been dumped on this site and following the closure, applications were received by this Department for permission to tip these wastes on our controlled rubbish dumps in various part of the County. When the sites are licensed for tipping

under the Hertfordshire County Council Act, a clause is always inserted in the consent which prohibits the tipping of any materials which are likely to cause pollution or discolouration of surface or underground water supplies, while, in addition, planning consents which cover these filling operations often contain more specific directions that waste must not include oils or phenols. In view of this, it was decided that no factory waste could be received until we had details of the quantities involved, the nature of the chemicals or substances to be tipped, and the concentration. When this information was available, discussion took place with a chief water chemist and with the head of the Water Pollution Section of the Department of Scientific and Industrial Research. A full report was then drawn up which gave details of each disposal problem together with the recommendations of the experts and our own summary. In some cases it was considered that the factory waste could be disposed of without endangering surface or underground water supplies. Doubtful cases were referred back to the factories for further investigation or treatment, those effluents which it was thought could be discharged to the sewer were discussed with the chief engineer of the Middle Lea Trunk Sewerage Scheme and effluents and waste which were of such a nature as to present some danger to water supplies were not permitted to be tipped in Hertfordshire. In at least one case, the factory had to close down a certain processing section of its plant because it could find no tipping facilities for the waste products. It is also probable that considerable quantities of chemical waste produced in Hertfordshire are disposed of elsewhere outside the County, and it is to be hoped that disposal sites are chosen which present no risk to water supplies.

It is obvious that the vast and ever increasing industrial waste problem must be tackled before it gets completely out of hand. The report on factory waste problems was discussed with the chief chemist of the Ministry of Housing and Local Government at the end of the year, and it is satisfying to learn that a Committee is to be set up which will investigate this problem in detail. While various private firms have set up advisory services which are designed to inquire into processes which will render factory wastes less toxic, it is essential that an investigating body set up to study the problem as a whole should be under Government direction. The Department of Scientific and Industrial Research have limited terms of reference and although they will offer advice on disposal problems, the approach normally has to be made to them in the first place.

In this age of constant industrial progress and intensive competition, the synthesis of new chemicals, and the introduction of new and complex processes, means that new waste disposal problems are constantly arising. In those areas of the country where water supplies are obtained from surface gathering grounds, subsoil pollution may present no real hazard, but in areas such as ours where most of the water is drawn out of the chalk substratum, the question of pollution is of paramount importance. It is fortunate that our own protective Act enables us to control the disposal of industrial wastes to a limited degree, and although it would be easily possible for poisonous substances to escape our vigilance and be dumped without control, the private tippers who receive licences from us know that the conditions laid down under the terms of the consent require them to forbid tipping facilities to those firms which bring in "doubtful" loads of refuse. We are often asked by the tippers to give an opinion on certain wastes, and the excellent relationship which exists between ourselves and the various water chemists of the Statutory Water Authorities, together with our contacts with the Department of Scientific and Industrial Research, enable us to make individual decisions with some confidence. The problem as a whole, however, is too vast for one authority to deal with and we therefore welcome any study which can be given to this subject by an acknowledged group of experts working within the framework of a Government Committee.

Allied to the disposal problems associated with the tipping of industrial wastes, is the risk of inhibiting materials finding their way into public sewers and retarding or seriously interfering with bacteriological breakdown at the

treatment works. Such incidents have already taken place in Hertfordshire and at least one, associated with the disposal of chemical waste down a trunk sewer, had serious financial consequences. While we must not retard industrial progress by too much restriction on development, it seems logical to suppose that industry must take some responsibilities as far as effluent and waste disposal is concerned, and thought must be given to the treatment of certain wastes to render them less toxic even if expense is involved in doing so.

GYPSY CARAVAN SITE.

At the end of the year, a lease was obtained on 2 acres of land near Cole Green where it had been decided to set up a gypsy encampment. The gypsy problem has long been appreciated by District Council officials, police and others and the sight of these caravan dwelling families living on temporary sites along our road verges is familiar to all. Gypsies are not wanted on private land, and many of the commons formerly used by these people are now closed to them. Their position has been worsened by the fact that their ranks have been swollen by other caravan dwellers who do not possess the background of the traditional gypsy, and whose appalling litter through car-breaking and other activities has made some verges a disgrace to the countryside.

Government encouragement for the setting up of gypsy encampments led to the County Planning Officer choosing the Holwell Court site, and although this is temporary only, it is hoped that enough will be learnt in the two years for which planning permission has been obtained for more serious consideration to be given to the setting up of other and more permanent sites in the County. While the County Planning Committee is responsible for the selection of sites, detailed requirements, liaison with the District Councils, and the final management of the sites will be under the control of this Department. In the case of the Holwell Court encampment, considerable assistance has been given by the Rural District in whose area the site is situated and their Medical Officer of Health has taken a keen interest.

Owing to the temporary nature of the site, it was decided that considerable capital expenditure would not be warranted. A survey of the gypsies in the area shows that some twenty-four families will be included on the site and these consist of Hertfordshire gypsies, many of whom are already parked on the grass verges along the Hertford-Hatfield road. The amenities will include chemical closets, standpipes for water supply, soakaways for wash water, a warden's hut, and paving slabs, instead of hardstanding, for the caravans. Because of the considerable lorry traffic to and from the site, the access road and lorry parks are to be of concrete construction. Minor items such as clothes posts and dustbins will be provided and the gypsies will be allowed to put up small approved sectional sheds or tents which will be used as daytime accommodation. It has been decided that no large dogs will be permitted on the site and that the breaking up of cars and accumulation of scrap material will be discouraged. A survey shows that the likely number of children of school age on the site will be approximately thirty. A school bus will collect these children, take them to four schools in the vicinity and return them to the camp in the evening.

As from 1st January, 1964, a camp warden will take up duties and we have been fortunate in finding an ex-police officer who has had considerable experience of gypsy families and who is trusted by them. His part-time work will include the general running of the camp and the sorting out of the social problems which are bound to arise from time to time. He has already taken an extreme interest in the site and the families who will be installed there and if the experiment is the success desired, other sites may be set up to deal with the local gypsy problem.

In the meantime, we hope that the gypsies will benefit from the security provided by an "official" site and that the education of their children will eventually provide them with the chance of integrating with the rest of the community.

TABLE 45.
NEW HOUSING.

	Local Authorities and Housing Associations		Private builders	
	Under construction	Completed since 1st April, 1945	Under construction	Completed since 1st April, 1945
<i>Boroughs.</i>				
Hemel Hempstead .	135	1,500	157	1,514
Hertford . . .	91	1,209	59	985
St. Albans . . .	152	3,190	230	1,697
Watford . . .	98	3,837	165	2,391
Total—Boroughs .	476	9,736	611	6,587
<i>Urbans.</i>				
Baldock . . .	—	586	2	125
Barnet . . .	24	1,018	51	1,165
Berkhamsted . . .	—	662	65	962
Bishop's Stortford . . .	86	769	35	2,206
Bushey . . .	54	614	104	1,879
Cheshunt . . .	30	1,506	339	4,095
Chorleywood . . .	—	234	112	733
East Barnet . . .	22	1,022	210	1,595
Harpenden . . .	16	740	114	1,942
Hitchin . . .	37	1,262	61	1,582
Hoddesdon . . .	58	859	252	1,504
Letchworth . . .	277	2,026	27	892
Rickmansworth . . .	60	1,093	228	1,609
Royston . . .	4	537	40	465
Sawbridgeworth . . .	51	240	24	420
Stevenage . . .	60	621	47	634
Tring . . .	42	179	70	879
Ware . . .	32	929	79	1,189
Welwyn Garden City .	120	1,491	13	235
Total—Urbans . .	973	16,388	1,873	24,111
<i>Rurals.</i>				
Berkhamsted . . .	12	194	16	416
Braughing . . .	34	447	30	291
Elstree . . .	54	1,580	43	1,082
Hatfield . . .	92	1,500	50	1,745
Hemel Hempstead . . .	27	828	22	714
Hertford . . .	54	703	51	582
Hitchin . . .	84	1,037	86	858
St. Albans . . .	—	1,556	178	3,284
Ware . . .	25	684	17	346
Watford . . .	48	1,025	75	2,043
Welwyn . . .	54	400	22	376
Totals—Rurals . .	484	9,954	590	11,737
Totals—County . .	1,933	36,078	3,074	42,435

NEW TOWNS

	Under construction	Completed
Hatfield	422	3,418
Hemel Hempstead	422	10,872
Stevenage	683	11,783
Welwyn Garden City	233	5,136
Totals	1,760	31,209

It is interesting to note from the 1961 Census for Hertfordshire that of the 252,128 households, 210,614 or 83·5 per cent had the exclusive use of hot and cold water taps, fixed baths and water closets. The following table shows the arrangements for the remaining households :—

	<i>Per cent</i>
Sharing cold water tap	1·2
Without supply of cold mains water	1·3
Sharing hot tap supply	1·2
Without hot tap supply	12·4
Houses sharing fixed baths	2·2
Those without fixed baths	10·2
Houses sharing water closets	2·1
Houses without water closets	3·5

NURSING HOMES.

There are fourteen registered nursing homes. These are visited for inspection purposes at regular intervals by Nursing and Medical Officers.

The homes in total are registered for thirty-three maternity and 243 medical, surgical or chronic sick patients. One nursing home of eleven medical beds was closed during the year.

NURSERY AND CHILD MINDING.

The desire of mothers to place their children for daily care and for daily occupation with other children has resulted in a steadily rising number of child minders and private day nurseries throughout the County.

Those applying for registration of a day nursery or as a child minder are visited by the divisional nursing officer of the area concerned and a full report made on the premises, the persons caring for the children, the number and ages of the children, the hours during which they would be looked after, and the provision or not of meals. The planning authority must also express their opinion on the "change of user" aspect.

Following registration, members of the health visiting staff make regular visits and report on the continued suitability of the premises and the care given to the children in attendance there.

During 1963, sixty-six child minders wishing to accept 422 children and twenty-four day nurseries with places for 699 children were registered. At the end of the year, 194 persons were registered in the County accepting 1,432 children, and sixty-three premises with places for 1,539 children.

AMBULANCE SERVICE.

There has been a further substantial increase in the demands on the Ambulance Service compared with last year. The increase in the number of patients carried was 25,698 of which the largest proportion was in respect of out-patient removals.

Much of the increase is due to the rise in the County's population, but the improved medical facilities being provided throughout the County, and the opening of the new Queen Elizabeth II Hospital at Welwyn Garden City, have resulted in increased demands being made on the Service which do not appear to be entirely related to population increase. Additional clinics, including a psychiatric clinic, have yet to be opened at the new hospital, and it is anticipated that the demands on the Service will be increased as these come into operation.

There has been a decrease in the number of infectious removals carried out by isolation ambulances. Because of the falling off in the amount of infectious removal work undertaken by the isolation ambulance located at St. Albans

City Hospital, it was agreed with the Mid Herts Hospital Management Committee to withdraw the County Council ambulance at that hospital and place it in general service. Only one County Council ambulance is now engaged solely on infectious removals and this is at the Holywell Isolation Hospital, Watford. General service ambulances are used elsewhere in the County for the removal of certain types of infectious cases and the figures for these are included in those given for ordinary removals.

The graph on page 76 shows the trend in the demands on the Service during the past five years.

There has been a substantial increase in the number of emergency cases. Of these, accident cases have increased by 665, sudden illness cases have increased by 292, and maternity cases have decreased by fifty. (Table 46 shows the number of emergency cases dealt with during the past ten years.) Details of patients conveyed each month during 1962 and 1963 are shown in Table 48.

TABLE 46.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Accidents . .	4,855	5,448	5,659	6,232	6,760	6,988	6,840	7,415	7,209	7,874
Sudden illness .	1,659	1,766	1,795	2,150	1,915	1,916	1,995	2,175	2,503	2,795
Maternity . .	3,788	3,915	3,820	4,029	3,893	3,567	3,810	3,620	3,754	3,704
Total . .	10,302	11,129	11,274	12,411	12,568	12,471	12,645	13,210	13,466	14,373

During 1962 the number of patients carried by the directly provided service showed an increase of 3.56 per cent over the previous year and an increase in mileage of 1.96 per cent. In 1963 the number of patients carried shows an increase of 7.21 per cent with an increase in mileage of 1.96 per cent.

The following table shows the number of patients carried and the mileage involved in respect of the directly provided service, Hospital Car Service, Isolation ambulances and Agency Service Vehicle (Garston Manor Rehabilitation Centre) for the years 1962 and 1963.

TABLE 47.

	1962	1963	Increase or decrease	
<i>Patients.</i>				
Directly provided service	258,274	276,986	Increase	18,712
Hospital car service	24,480	31,558	Increase	7,078
Isolation ambulance	485	345	Decrease	140
Agency (Garston Manor Rehabilitation Centre vehicle)	3,367	3,415	Increase	48
<i>Mileage.</i>				
Directly provided service	1,659,635	1,692,082	Increase	32,447
Hospital car service	443,618	546,792	Increase	103,174
Isolation ambulance	2,249	1,873	Decrease	376
Agency (Garston Manor Rehabilitation Centre vehicle)	5,436	5,006	Decrease	430

The directly provided service shows a decrease in the average number of miles per patient from 6.43 to 6.11, and an increase in the average number of patients per journey from 3.97 to 4.0.

TABLE 48.
DETAILS OF PATIENTS CONVEYED EACH MONTH.

1962.

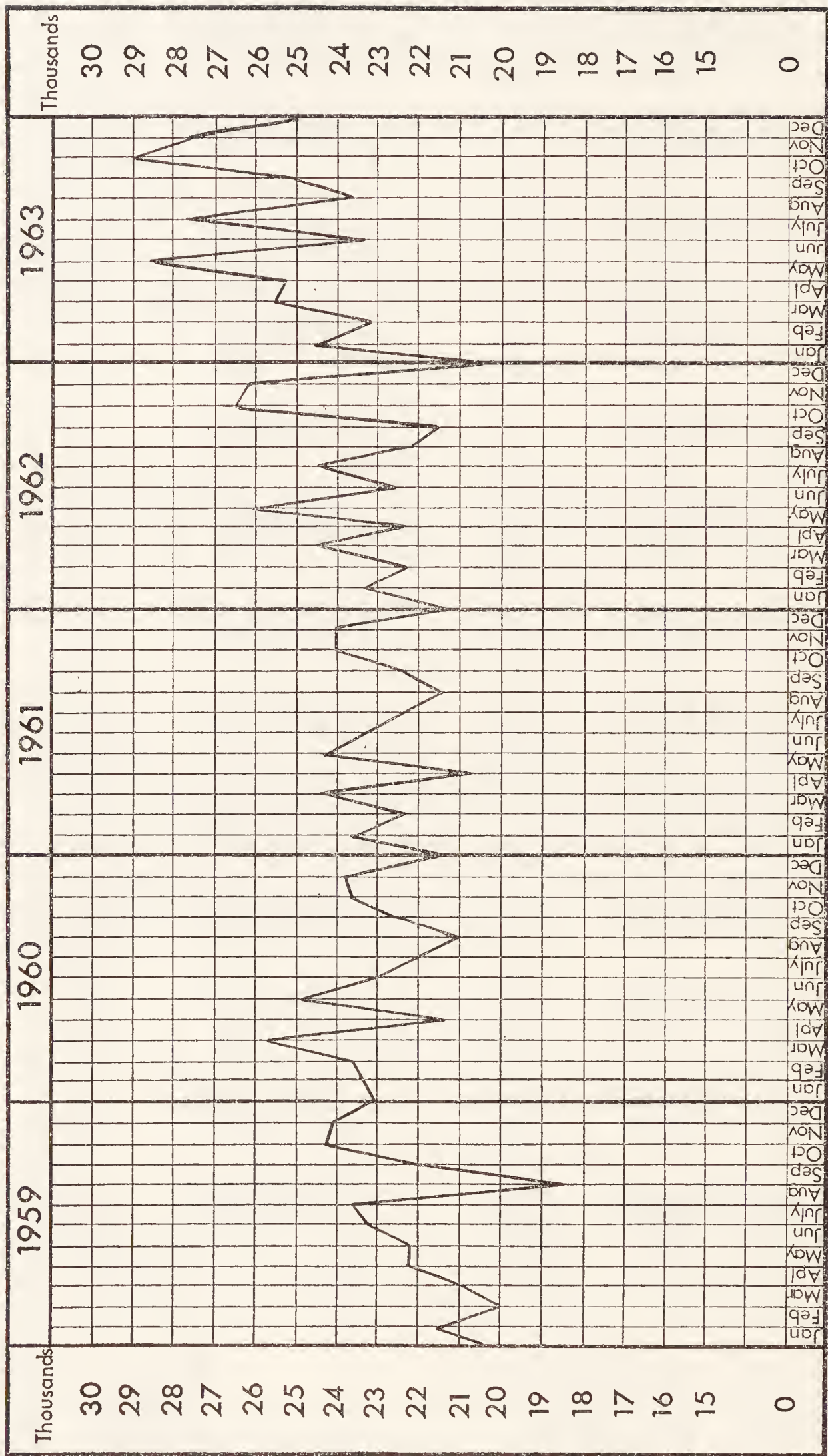
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents . . .	563	493	548	604	650	603	575	621	622	661	630	639	7,209
Sudden Illness . . .	192	180	221	212	194	189	195	198	216	229	225	252	2,503
Maternity Removals . . .	342	323	327	334	328	298	323	306	304	288	285	296	3,754
Removals . . .	20,647	19,221	21,552	19,160	22,630	19,433	20,823	19,534	18,728	23,022	22,733	17,325	244,808
Hospital Car Service . . .	1,611	1,819	2,057	1,798	2,216	2,092	2,369	2,169	1,995	2,278	2,303	1,773	24,480
Isolation Hospital (Removals)	34	34	49	43	59	51	44	30	24	42	38	37	485
Agency—(Garston Manor) *													
(removals) . . .	—	—	—	—	—	—	—	—	—	—	—	—	3,367
Totals . . .	23,389	22,070	24,754	22,151	26,077	22,666	24,329	22,858	21,889	26,520	26,214	20,322	286,606

1963.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents . . .	599	519	526	582	649	698	724	670	695	725	734	753	7,874
Sudden Illness . . .	241	214	238	216	223	236	242	263	236	228	212	246	2,795
Maternity Removals . . .	362	297	361	366	303	293	300	273	279	322	258	290	3,704
Removals . . .	21,367	20,694	22,164	21,810	24,352	19,617	23,138	19,753	21,259	24,346	22,977	21,136	262,613
Hospital Car Service . . .	1,910	1,852	2,277	2,276	2,842	2,651	3,368	2,687	2,548	3,258	3,263	2,626	31,558
Isolation Hospital (Removals)	44	79	50	35	29	41	19	9	5	15	5	14	345
Agency—(Garston Manor) *													
(removals) . . .	—	—	—	—	—	—	—	—	—	—	—	—	3,415
Totals . . .	24,523	23,655	25,616	25,285	28,398	23,536	27,791	23,655	25,022	28,894	27,449	25,065	312,304

* Annual figures only.

TABLE 49.—AMBULANCE CALLS SINCE 1959.



REPORTS OF DIVISIONAL MEDICAL OFFICERS

Up to this point the report has dealt with the work of the County as a whole, but in addition the Divisional Medical Officers were asked to give their views on any particular aspects of the services affecting their divisions, and these reports follow :—

DR. CUST, ST. ALBANS DIVISION.

I must apologise in advance that this will be “ thoughts and reflections ” on the County Health Services in this Division, rather than a full formal report. We have been unable, because of the pressure of work to get all the divisional figures into a formal report at the present time.

There are two factors, both inter-connected, which cause the biggest headache of the Divisional Medical Officer. These are, the increasing population of the Division, and difficulty in obtaining staff. This Division has increased from a population of 99,780 in 1950, to 140,140 in 1963. There were 2,113 births in the Division in 1963, which is the highest number of births for many years. Because of this and because of the national shortages of professional staff, particularly midwives, nurses, and health visitors, it has been a struggle at times to maintain a satisfactory service without a great deal of stress and strain on the members of the staff. The midwives in the St. Albans City area in 1963 were often overworked. There were many times when patients got down to the fifth and last number of their list of telephone numbers for a domiciliary midwife, because the other four midwives were out on a call simultaneously. For most of the year we had no District Nurse stationed in London Colney or Colney Heath and nurses from outside these areas had to cover these districts.

Health visitors too, have been in short supply and it is only by part-time appointments that we have been able to give a full coverage of health visitors in the Division, though Boreham Wood was short of a health visitor for the greater part of the year.

In spite of most intensive advertising the number of applicants for these vacant posts was very low. Similar difficulties, in recruiting staff, occurred in the Home Help Service, but the situation is particularly acute in the north part of the Division, in Harpenden, where the private domestic help market is a very fierce and competitive one, and it is only women with a sense of vocation and who want to help others who come into the less well paid and often more arduous job of a home help.

Buildings.

On the whole we are very well off in this Division for purpose-built health centres, and it may be because of this that in three areas, all in the St. Albans Rural District, that some of the accommodation is not as satisfactory. These areas are Colney Heath, Park Street, and Bricket Wood. In Colney Heath, where we use the cricket pavilion, good co-operation with the owners has at least meant that this place is clean and warm. The Park Street Village Hall was very poor throughout the whole of 1963, because of inadequate heating, but the new Management Committee are now going to effect improvements in this. Bricket Wood, where we use a scout hut, again has inadequate facilities. As a reflection of the rising birth rate over the last few years, infant welfare centres are busier than they have been for a long time, and extra sessions have had to be provided at 40 Luton Road, Harpenden; Skyswood Health Centre, St. Albans; Margaret Wix Health Centre, St. Albans; Cunningham Hill Health Centre, St. Albans; Mandeville Health Centre, St. Albans; London Colney Clinic, and Elstree Way Health Centre, Boreham Wood.

The Divisional Health Office in St. Albans is probably one of the worst office buildings in the whole town, dirty, dilapidated, inadequate, overcrowded, with holes in the floor, plaster off the walls; and it was with relief that we heard

that the College of Further Education was going to acquire the building in 1964, so that they could pull it down, and we would have to find new premises. We are looking forward to working under more pleasant conditions when we move later in 1964.

Other Matters.

A great deal of work has been done in the field of health education during the year. The Medical Officer of Health, the Divisional Nursing Officer, the Health Visitors and Nursing Staff, and Home Help Organizer, have given talks to various groups, usually in an evening. The most unusual venue for a talk was when the Medical Officer of Health spoke on a Sunday in a very crowded and rather damp marquee to 300 scouts in camp at Harpenden, on the subject of "Smoking and Health". The full development of the work in health education cannot occur until there is a full-time Divisional Health Education Organizer, who will be able to spend a greater part of his time working with groups in schools and with adult groups. This, as regards new developments, is one of our more important needs. During 1963 we had the first Five-day Plan Anti-smoking Clinic in England, when we co-operated with the British Temperance Society and ran this clinic in St. Albans in November. A separate account of this clinic and the follow up after two months appear later.

The Convalescent Holiday Scheme is one which at times presents difficulties. Rather than provide convalescent service for patients after acute illnesses, it now appears to be providing holidays for chronically ill, or infirm patients, and very often the same few names crop up year after year. I have no doubt that to the general practitioners this is an important service, as I myself found when I was in general practice—to be able to send these patients for a fortnight's convalescence, often considerably reduces the number of demands from these patients for the following four or five months. The demands on this service appear to be getting greater and is one of the matters I feel should be looked at.

A number of important contacts were developed during the year, particularly with voluntary agencies, Old People's Welfare Committees, Hertfordshire Association for the Welfare of the Handicapped, Spastics Society, Family Planning Association, British Red Cross Society, and the St. John Ambulance Brigade, with whom we have worked closely throughout the year. I am very grateful for the co-operation of my medical colleagues in general practice and in the hospitals for their most helpful co-operation, and also the almoners, social workers, matrons, and secretaries of the hospitals in the area. The Health Services may be administratively split into three parts, but I do feel that in this area we all do work as a team.

FIVE-DAY PLAN ANTI-SMOKING CLINIC.

The first Five-day Plan Anti-smoking Clinic in England was held in St. Albans from 11th to 15th November, 1963. These clinics in Britain are being run by the British Temperance Society which is a non-denominational and non-religious department of the Seventh Day Adventist Church. Similar clinics had been held in America where 80 per cent success had been claimed. The first clinic of this nature held in Britain was in Cardiff in the last week of May, 1963, and it was after hearing of the success of this clinic, that it was decided to hold a similar clinic in St. Albans. The clinic team in St. Albans was headed by Mr. Bernard Kinman, the Secretary of the British Temperance Society, aided by Dr. B. W. T. Richardson, general practitioner from a neighbouring town, and other members of the British Temperance Society. The Medical Officer of Health acted as organizing secretary of the clinic, and the County Health Department was responsible for some stencilling and postage fees, the City Council Chamber was obtained free and the rest of the costs were borne by the British Temperance Society.

Method.

Patients were enrolled at this clinic in reply to advertisements in the local press, and the local publicity was greatly helped by the Features Editor of the local newspaper writing a features article on the clinic and also attending the clinic himself. A number of patients were also enrolled at the clinic from the local chest clinic. The family doctors of all the patients enrolled at the clinic were informed. The general basis of the clinic is group therapy, with Mr. Kinman largely concentrating on the psychotherapeutic aspect, and Dr. Richardson concentrating on the physiological and pharmacological effects of nicotine, the health hazards of smoking and the methods of breaking the habit. Each session followed the same pattern, in that there was a showing each night of the specially selected anti-smoking film followed by talks by Mr. Kinman and Dr. Richardson. The films tended to be those anti-smoking films in which no punches are pulled. The patients were also put onto a special diet, very stringent in the first twenty-four hours, when they were asked to give up tea and coffee, and just to drink water and fruit juices, to help "wash out" the nicotine from the brain cells. The stringency of the diet was eased as the week went on. It was stressed throughout the clinic that their own will power was the thing which determined them giving up smoking, and they were encouraged to impress upon themselves that they had chosen to take up non-smoking. Each patient was paired off with another patient and they were encouraged to contact each other if they felt like smoking, so that the "buddy" could discourage the other from smoking. The patients were encouraged to report their progress and to discuss their difficulties and to talk about their withdrawal symptoms. They were all given, each night, a series of instructions for the next day in leaflet form, on which to record their smoking habits and withdrawal symptoms and dietary instructions for that day, and these eventually made up into an attractive wallet. One evening the local chest consultant came down and gave his view-points and also made arrangements for any patient to have a chest X-ray at his clinic if they so wished.

I personally was very impressed by the serious atmosphere of the clinic. This, to the patients was a most serious business. The lecturers were professional and the clinic did not in any way develop into a "front" for temperance, nor were any sectarian religious views brought into the course. For some patients the going appeared to be extremely tough, though the tension appeared to have eased by Thursday or Friday night, by which time most of them appeared to have got over the serious initial withdrawal symptoms.

Result.

Sixty-nine people enrolled on the course.

NUMBER OF ATTENDANCES				
All 5 nights	.	.	.	38
4 nights	.	.	.	12
3 nights	.	.	.	6
2 nights	.	.	.	4
1 night	.	.	.	9
				—
Total	.	.	.	69
				—

The nine people who attended for one night only came to the first meeting, and all decided that this clinic was not for them. There were fifty people who attended four or five nights and the following analyses of results are based on these people.

ATTENDANCE				
Attended	.	.	.	50
Men	.	.	.	34
Women	.	.	.	16

1. *Social Class.*

Reg. Gen. classification	Men	Women	Total	Per cent
I	1	0	1	(2)
II	8	1	9	(18)
III	24	15	39	(78)
IV	1	0	1	(2)
V	0	0	0	(0)

2. *Years Smoked.*

Number of years smoked	Men	Women	Total	Per cent
1- 5 . . .	1	1	2	(4)
6-10 . . .	3	2	5	(10)
11-15 . . .	4	2	6	(12)
16-20 . . .	3	5	8	(16)
21-25 . . .	9	2	11	(22)
26 + . . .	14	4	18	(36)

38 per cent of all people attending the clinic had smoked for more than twenty years. Most of these were men.

3. *Type of Smoking.*

Type of smoking	Men	Women	Total	Per cent
Cigarettes . .	34	16	50	(100)
Cigars	0	0	0	(0)
Pipes	0	0	0	(0)

All the people attending the clinic were cigarette smokers.

4. *Number of Cigarettes Smoked.*

Number of cigarettes per day	Men	Women	Total	Per cent
1- 5 . . .	0	0	0	(0)
6-10 . . .	2	4	6	(12)
11-15 . . .	4	1	5	(10)
16-20 . . .	10	10	20	(40)
21-25 . . .	3	0	3	(6)
26-30 . . .	4	0	4	(8)
31-35 . . .	4	1	5	(10)
36-40 . . .	2	0	2	(4)
41 + . . .	5	0	5	(10)

5. *Attempts to Stop Before.*

Attempted before				Men	Women	Total	Per cent
Yes	.	.	.	28	13	41	(82)
No	.	.	.	6	3	9	(18)

82 per cent of all people attending the clinic had attempted to stop before and all had failed.

6. *Results of Clinic.*

NUMBER GIVEN UP SMOKING AT END OF FIVE-DAY CLINIC

Result				Men	Per cent	Women	Per cent	Total	Per cent
Gave up	.	.	.	28	(82.4)	14	(87.5)	42	(84)
Did not	.	.	.	6	(17.6)	2	(12.5)	8	(16)

84 per cent of all people attending the clinic had given up smoking by the end of the five days. Eight people (16 per cent) had not given up smoking at this time.

7. *Results at the end of eight weeks.*

Result				Men	Per cent	Women	Per cent	Total	Per cent
Gave up at five days	.	.	.	28	(82.4)	14	(87.5)	42	(84)
Still non-smokers	.	.	.	16	(47.0)	7	(43.7)	23	(46)
Number relapsed	.	.	.	12	(35.2)	7	(43.7)	19	(38)

Nineteen of the forty-two people who had originally given up smoking at the end of five days had relapsed, though twenty-three of them were still non-smokers. The table below shows what happened to these smokers who relapsed, and it is interesting to see that of the twelve men, all had cut their number of cigarettes considerably and six of the seven women were also smoking less than they had done before the clinic.

8. *Relapsed Smokers* (i.e. those who had given up at the end of the clinic, but who were smoking again at the end of eight weeks).

Twelve men (35.2 per cent of all men attending) 42.9 per cent who gave up at five days.

Seven women (43.7 of all women attending) 50 per cent who gave up at five days.

MEN		
	Number of cigarettes smoked	
	Before clinic	After 8 weeks
A	6-10	1- 5
B	16-20	1- 5
C	16-20	1- 5
D	16-20	6-10
E	16-20	6-10
F	16-20	6-10
G	26-30	1- 5
H	21-25	16-20
I	31-35	1- 5
J	31-35	21-25
K	41 +	6-10
L	41 +	16-20

Of these twelve men, all twelve have cut down their smoking considerably and were holding to this at eight weeks. Many of them had modified their habit and a considerable number of them had given up smoking at work and were only smoking at home.

WOMEN		
a	11-15	6-10
b	16-20	6-10
c	16-20	1- 5
d	16-20	16-20 *
e	16-20	1- 5
f	16-20	6-10
g	31-35	6-10

Of these seven women, six had cut their smoking considerably and were holding to this at eight weeks. *One woman was smoking as many as she was before the clinic.

9. *Patients who did not stop smoking by the end of the Clinic.*

Six men ; two women.

Of the eight patients who had not stopped smoking by the end of the clinic, one had subsequently ceased to smoke, five had stopped smoking completely, one man had increased the number of cigarettes he smoked, and one man had not returned his questionnaire.

Subsequent Smoking Habit at Eight Weeks.

MEN		
	Cigarettes per day	
	Before clinic	After 8 weeks
M	11-15	1- 5
N	16-20	1- 5
O	16-20	20-25 *
P	26-30	11-20
Q	31-35	6-10
R	36-40	not returned questionnaire

Of these six men, four had reduced the number of cigarettes smoked, one had increased his number smoked. * One man did not return his questionnaire.

WOMEN		
h	16-20	nil
i	16-20	1- 5

Of these two women, one had reduced her cigarettes and one had stopped smoking.

Summary of Results at Eight Weeks.

Sixteen men (47 per cent) were non-smokers.

Twelve men (35·3 per cent) though they gave up at five days were smoking again, but all had cut down and were holding to this; four men (11·8 per cent) who had not given up by the fifth day had reduced their habit and were holding to this.

One man who did not stop by the fifth day had increased his smoking habit.

One man did not return the questionnaire.

Eight women (50 per cent) were non-smokers.

Six women who had given up by the fifth day were smoking again, but reduced amounts.

One woman who had not stopped by the fifth day was smoking considerably less.

One woman who stopped by the fifth day had relapsed to the same smoking habit as before the clinic.

Result of Clinic (both sexes).

					<i>Per cent</i>
Stopped	.	.	.	.	24 (48)
Reduced	.	.	.	.	23 (46)
Same	.	.	.	.	1 (2)
Worse	.	.	.	.	1 (2)
Not known	.	.	.	.	1 (2)

The Clinic therefore helped 94 per cent of the smokers.

It does seem therefore, that for a reasonable expenditure of effort, that 48 per cent of the fifty people stopped smoking completely, and another 46 per cent had cut down the number of cigarettes smoked. Personally, I think these results at the end of eight weeks, are encouraging, though the follow up of these patients is to last one year.

This was a most interesting and worthwhile experiment in adult health education.

DR. HYND, DACORUM DIVISION.

Staff.

The resignation of three of the five Medical Officers attached to the Division all within the space of three months was a major catastrophe which it is hoped will never recur. Dr. Richards, Dr. Harbord, and Dr. Henderson had each served for three or four years in the division, had each shown a real enthusiasm for his or her work, and had each acquired his or her own particular interests and skills. Their departure left the divisional health services that much poorer, and there was inevitably some run down of the services in the interim period between their departure and the settling in of their replacements. The annual survey by Dr. Henderson of the visual acuity of secondary school-children could not be continued and Dr. Richards' work on enuresis was temporarily interrupted. However, given time the new Medical Officers will no doubt inject into the Division their own particular interests and enthusiasms, and equally make their presence felt.

Prevention of Tuberculosis—B.C.G. Vaccination Surveys.

Annual B.C.G. vaccination surveys among the older school children were begun in 1957 in an attempt to give a measure of protection to those children who possess little or no immunity to tuberculosis as evidenced by a negative reaction to a tuberculin skin test. The children reacting positively to the test

are presumed to have acquired some immunity, but to preclude the possibility of existing disease chest X-rays are taken as a precautionary measure. As an additional precaution the strongly positive skin reactors are examined by the chest physician and remain under his surveillance at least until they leave school. The families of these children are investigated to trace possible sources of infection.

A review of the statistics for the seven-year period reveal points of interest and indicate certain trends. The only cases of active disease ever found occurred in the first survey in 1957, when two children were discovered with early pulmonary disease and admitted to a sanatorium for treatment. In each instance the source of infection was found within the family.

In 1957 the acceptance rate for the scheme was 71 per cent, a percentage which has gradually risen until it reached 85 per cent in 1963. Even this figure is better than it appears for some of the 15 per cent of non-participants were purposely omitted from the survey because they were under, or had been under, the care of the chest physician as contacts, while others were excluded because of previous B.C.G. vaccination.

The incidence of tuberculin positive reactors has steadily declined from 14 per cent of the total children tested in 1959 to 5 per cent in each of the last two years. Equally the incidence of strongly positive reactors has declined from 30 per cent of the total positive reactors in 1961, the first year in which the distinction between strong and weak positive reactors was drawn, to 13 per cent last year. An explanation of the steady decline in positive reactors over the past seven years probably rests on two major factors :—

- (1) The decreasing incidence of pulmonary tuberculosis and in particular the fewer patients within the community with positive sputum.
- (2) The virtual elimination of tuberculous milk in the area since the introduction of the Milk (Special Designation) (Specified Area) Orders which became operative in parts of the area in January, 1954, and in the remaining parts in March, 1955.

An inevitable consequence of the increasing freedom of children from contact with sources of infection, either human or bovine, is the steady rise in the number of non-immune or susceptible children. The importance of B.C.G. vaccination becomes greater with each succeeding year and our efforts to get all susceptible children protected by vaccination must be intensified.

The source of infection in children is usually these days among the family, but it is always as well to search for other possible sources of infection which must, for children, include the school. In the past three years there have been two instances of open pulmonary tuberculosis in teachers in junior schools, and the one recorded last year is worthy of comment.

A notification of open pulmonary tuberculosis in a junior school teacher was received in April last year with the further intimation that the patient had been admitted for treatment to a sanatorium. The source of infection appeared to be the husband and investigation of the school was, therefore, confined to the investigation of the contacts. The children who had been in contact with the teacher numbered 148, of whom thirty-eight were class contacts. Eight of these children were not included in the subsequent investigation either because they had had B.C.G. vaccination previously or were under the surveillance of the chest physician as contacts. Parental consent for the tuberculin skin test was obtained for all the children concerned and all the children were, in fact, tested including four who had been transferred to other schools in the area and one who had moved to a neighbouring county. Of the 140 children examined seven had positive tuberculin skin tests and all were strongly positive reactors. It is interesting that five of the seven children were in the affected teacher's class. All these seven children were examined by the chest physician but fortunately none showed evidence of tuberculosis either clinically or radiologically. As a

precaution, however, each child was given a course of anti-tuberculosis therapy and kept under further surveillance.

Every member of the teaching staff responded to the offer of a chest X-ray and happily none showed any evidence of disease. It is gladly acknowledged that but for the active co-operation of the school and particularly the headmaster the investigation could not have been so complete.

Health Education.

Health education is a subject which is slowly gaining increasing recognition in schools and which is now accepted by some secondary modern schools as an integral part of the curriculum. In five of the secondary modern schools in the Division, instruction in personal hygiene, home nursing, first aid, mothercraft, and community health is being given by the school nurse to the older girls. It usually takes the form of a series of lecture/demonstrations for two periods a week over a complete term. The content of the talks is largely based on the ideas of the County Health Education Officer and invariably agreed beforehand with the head teacher. Indeed the head teachers give the school nurse much encouragement and advice on the form and presentation of the talks, and on the whole the health education courses go down reasonably well with the scholars.

Health education is probably practised in most schools a good deal more than it is preached. As a set subject it has not much of a vogue and is, in any event, usually limited to those aspects affecting, and of interest to, the young adolescent girl. Would it be more acceptable to schools if it were better presented? It must be admitted that not all school nurses have the aptitude for teaching. We tend to tackle the difficult subject of health education with hesitant diffidence of the amateur instead of the polished confidence of the professional. To sell an idea to a young adolescent for which he feels neither a particular need nor interest is a job for the professional and one for which, by the very nature of their training, the school doctor or nurse is not usually equipped.

If health education, as a set subject, is to gain the prominence in the school curriculum which its importance perhaps warrants, then our ideas on the form and method of its presentation will require drastic revision. The teaching of health education should be left to those members of the medical and nursing staff who show an aptitude for teaching and who can be given the necessary training for the job. Indeed it may be that if practice is to keep pace with the growing recognition of the importance of the subject, not only in the schools but in the community at large, each health division will eventually need its own Health Education Officer.

Attachment of Health Visitors to General Medical Practices.

The professional association between the family doctors and the district nurse or midwife has long existed on a sound working basis with each having a proper understanding of the work of the other. The equal need for a similar close association between the doctor and the health visitor is a much newer recognition and one not as yet fully developed. But with so many aspects of preventive and social medicine compelling his attention the more the family doctor is beginning to recognize the need for a working link with the health visitor.

In recent years this link has been developed in many general practices throughout the country by the attachment of a health visitor to a practice to work wholly amongst its patients. This kind of arrangement offers many advantages and is a practical proposition in urban areas where the larger group practices tend to abound. While the arrangement has been applied to many individual practices it has rarely been applied to a whole area. It was felt it could be reasonably applied, if considered desirable by the doctors, in the Borough of Hemel Hempstead, a close knit area of some 62,000 people where

group practice with two or more doctors working in partnership is the rule. The idea was put to the doctors of each practice and after full discussion received their approval. The sphere of work of the health visitor was fully explained so that the new partnership, which now included the health visitor, could begin in the full knowledge and understanding of each others work and responsibility.

The doctors appreciated that some of the health visitors duties, e.g. school nursing duties, welfare clinics, etc., were outside the scope of the new arrangements, but otherwise the attachment was without strings. It was felt that if the scheme were to run efficiently and smoothly there must be complete freedom for each practice to make its own working arrangements.

The scheme began in the Borough in October last year, and while it is obviously too early as yet for informed comment the signs seem to point to the scheme proving successful. It was largely based on the experience gained in one general practice in the Borough to which a health visitor had been attached for over a year. The arrangement had proved most successful in this practice and much useful experience had been gained. The three doctors in the practice agreed that the new arrangements with the health visitor were a vast improvement on the old and were equally agreed that their patients had also received benefit. The health visitor could be delegated to deal with the many departments and voluntary agencies concerned with social and welfare problems, a task they previously had to do themselves. They appreciated the information on social problems of patients which they received from the health visitor, and appreciated being able so easily to discuss problems with her. The patients had quickly realized that the health visitor worked with and for the doctors and soon welcomed her visits and advice as the nursing member of the practice.

For her part the health visitor had welcomed the closer association and linkage with a particular practice. Her experience has become more varied and she feels that now she is working within the one practice, she can establish even better family relationships. She no longer deals with social problems in comparative isolation and appreciates the greater medical support she now receives. If the experience of this one practice proves in time to be the experience of all, the scheme could well be introduced into other urban areas and perhaps even extended to include district nursing and midwifery.

DR. WALKER, NORTH HERTS DIVISION.

New Divisional Accommodation.

Use of the new divisional office from the latter half of December, 1963, has allowed the collection of divisional services under one roof. Conditions of work have greatly improved on translation from the former cramped, crowded, and ill-arranged premises.

Welfare Centres.

Improved accommodation in Hitchin, Letchworth, and Stevenage are appreciated and use in welfare centres of part-time S.R.N.s are a part answer to shortage of health visitors. The opening of Lodge Farm School Health Annexe has allowed combined school consultation and immunization sessions to be held there.

Divisional Nursing Organization.

With the post of Deputy Divisional Nursing Officer continuing unfilled, the Divisional Nursing Officer appears at times overtaxed with supervisory duties. Her work includes supervision of sixty-one registered child-minders, with increasing applications for registrations of private play-groups and nurseries, in addition to the extra duty of the Health Committee's Child Minding Scheme

for Stevenage. Inspections and reports on premises are markedly time consuming. Also recently a markedly increased volume of work is connected with the supply of aids and appliances to permanently handicapped persons.

Nursing Services.

Fortunately there would not appear to be any recent increase in demand for district nursing services. Combination of health visiting with district nurse/midwives for rural areas generally works well, except where posts (and nurses houses) remain unfilled for some months ; however arrangement of rural school medical inspections can be difficult by reason of limited availability of the combined nurse for the area.

The night nursing service in North Herts, though available only to carefully selected cases, appears to work well.

Health Visiting.

The Royston and Baldock areas, each with a full-time health visitor/school nurse having an office at a central welfare centre, are found to work most harmoniously with both practitioners and public. The Letchworth area has recently become fully staffed and work is centralized at the new County Welfare Centre. In Hitchin some shortage of staff and illness has given a restricted service. The greatest shortage of health visitors has been in Stevenage, with its high ratio of school and pre-school population, a shortage which may greatly increase in the near future. Difficulties of health visitors (and Divisional Nursing Officers) obtaining suitable accommodation would seem to contribute.

Midwifery Services.

These would appear just adequate in Stevenage with its specially heavy loads, but in the Letchworth area a recent heavy rise in births appears at present to over-stretch available personnel. Student midwives from the North Herts Maternity Unit help out but liaison gives an extra load to the Divisional Nursing Officer. Similarly the heavy booking loading on the North Herts Unit would appear to have occasioned a recent marked increase in early discharges of cases transferred to midwives for nursing. For the latter purpose use of part-time married midwives is valuable in large urban areas like Stevenage.

Ante-natal Instruction Classes.

These are now held in all towns in the Division. They are run by the midwives for mothers having their babies at home, with the co-operation of the health visitors who explain the local available social services.

Health visitors also run classes in Stevenage for mothers booked for hospital confinements, and in Hitchin the County Health Centre is used weekly by the hospital staff for a class at which the health visitors assist.

Home Help Service.

This service has continued to be centralized in Hitchin. It has often to be fully stretched to cover steadily increasing calls. Deficiencies must occur over holiday periods, particularly at times of factory holidays, and during times of influenza prevalence. Despite increased local population the calls from Stevenage are still mainly for help in maternity cases, but as the population ages a branch organizer in that town would seem required.

The Good Neighbour Scheme can be useful for bedridden applicants requiring short visits at odd times of day and over weekends, dependent always on the availability nearby of an acceptable person willing to be nominated. It is particularly suitable for an isolated rural domicile.

The development of the " night sitters-in " service is welcomed in selected cases.

Training Centre.

The great expansion of attendances at the Junior Training Centre and the temporary attachment of a Senior Training Centre (in embryo) has been met despite growing pains from staff shortage and new appointments. Experience suggests all such staff appointments should be on a trial basis for an initial period.

Vaccination.

Although no direct contacts of the smallpox outbreaks in various parts of the country were located in North Herts, urgent inquiries from alarmed members of the public occasioned considerable extra work. All health inspectors were revaccinated and ambulance and nursing staffs were afforded opportunity of bringing their vaccination state up to date.

Immunization.

Public preoccupation regarding smallpox vaccination appeared to cause some neglect for the time by the public of other protective measures, and the aim has been to establish regular open immunization sessions at fixed times in all areas of considerable population.

Early Ascertainment of Deafness.

Hearing tests are being carried out in homes and in the welfare clinics of all eight-month old babies, with special reference to those on the "at risk" register. To enable the health visitors to have adequate time for this, clinic nurses are being appointed in all the larger centres to assist the Medical Officer during routine examinations of the children and in the preparation of syringes, etc., for vaccination and immunization, while the weighing of babies is being carried out by voluntary helpers.

Welfare Foods.

Distribution from the Divisional Office continues through Women's Voluntary Services and voluntary workers at welfare centres. When a resignation is received from a voluntary stock-keeper in a district, often after long and valued service, there is often great difficulty in finding a willing substitute for such work.